

NEWS CLIPPINGS
\\ 1990S \\

**More to
the Story:**

Chase Brexton
Health Care's
History



CHASE-BREXTON CLINIC

It's our birthday—and you're invited

So Come Celebrate!
We're a full year old

And while you have fun, you'll help support Baltimore's only full-time professional medical facility for the gay and lesbian community.

CELEBRATE at the bars:

(Watch for date, time, and events
at each participating bar)

The Hippo

The Crow's Nest

The Gallery

The Allegro

The Unicorn

Burger World

Ticki's

The Hippo

The Crow's Nest

The Gallery

The Allegro

The Unicorn

Burger World

Ticki's

SEE *Nothing But Nudes*

at the DAVID **Katzenstein**™
CUSTOM FRAMING • ART

Opening June 2 through 29

At Scarlett Place in the Inner Harbor
(artists Rueben Kramer, Raoul Middleman,
Mark Adams, Jose Villarubia among others)

CHASE-BREXTON CLINIC

101 West Read Street Suite 211, Baltimore, MD 21201
(301) 837-2050/51



CHASE-BREXTON CLINIC

101 West Read street Suite 211
Baltimore, MD 21201
(301) 837-2050/51

DIRECTORY OF SERVICES

HIV COUNSELING/TESTING (By appointment only)
Monday thru Thursday 10 am to 8 pm
Friday 10 am to 4 pm

STD (SEXUALLY TRANSMITTED DISEASE) CLINIC
(Walk-in. No appointment necessary)
Tuesday and Thursday 6:30-8:30 pm
Thursday Womyn's GYN Self-Help Clinic
6:30-8:30 pm enter thru Suite 214

HIV CLINIC (By appointment only)
Monday and Wednesday 2 pm to 9 pm
Tuesday evening HIV Neurology Clinic

AEROSOLIZED PENTAMIDINE CLINIC
Monday thru Thursday 11 am to 8 pm
Friday 11 am to 4 pm

PSYCHOTHERAPY SERVICES (By appointment only)
Monday thru Thursday 10 am to 8 pm
Friday 10 am to 4 pm

AIDS patients seek relief through illicit medicine

Interferon offers energy--not a cure

By Jonathan Bor

An overnight mail service stops by Bill Urban's house in Baltimore every so often and drops off a polystyrene box containing four vials of a clear liquid packed in dry ice. It's his monthly supply of low-dose alpha interferon — an unproven, unapproved AIDS drug shipped by a black market supplier based in Dallas.

Mr. Urban, 35, says the drug has restored his energy, lifted his spirits, kept him out of hospitals and enabled him to swim and jog. He doesn't claim it's a cure. Fighting AIDS isn't about cures; it's about living longer. Nor does he care that it's illegal: "Long ago, I made a conscious decision that I would do whatever was necessary to stay alive, whatever it took."

Geographically speaking, his drug of choice has come a long way.

Last spring, Ron Woodruff of Dallas flew to Japan carrying \$1,000 in cash and a plan. His goal was to secure thousands of doses of alpha



THE SUN/AMY DAVIS

Bill Urban holds syringe he uses to measure oral interferon doses.

interferon from a Japanese pharmaceutical company that sold the drug to physicians and veterinarians treating certain leukemias and infec-

See **DRUGS**, 8A, Col. 1

AIDS patients seek reprieve, energy from interferon, other illicit medicines

DRUGS, from 1A.

tious diseases.

His plan worked perfectly. A well-placed source provided him a copy of the pharmaceutical company's ledger sheet. It showed one vet who was six weeks late paying for the medicine and wouldn't get any more until he paid up. The rest was simple. Mr. Woodruff visited the dog-and-cat doctor, paid him \$500 to buy the drug legitimately and \$500 to hand it over to him once he got it.

"Then, I got my butt back on the plane as fast as I could," said Mr. Woodruff, 40, a former electrical contractor who founded the Dallas Buyers Club in 1987 soon after he was diagnosed with acquired immune deficiency syndrome.

His club — one of about 30 groups distributing AIDS drugs that haven't been approved by the U.S. Food and Drug Administration — has devised similarly clever means to obtain the 100 to 150 treatments it currently stocks. It claims 2,000 customers across the United States, Europe and Asia — all fighting AIDS, all grasping for improved health if not an outright cure.

Excitement about hoped-for treatments has shifted from one experimental drug to another during the half-decade that underground suppliers have been shipping drugs to sick patients.

But this summer, perhaps no other drug has attracted as much interest across the community of AIDS patients as low-dose alpha interferon, a natural protein that the body produces to fight infection.

Mr. Woodruff says he is shipping the drug to 300 customers. A spokesman with an East Coast buyers club estimated that as many as 2,000 people in the United States are getting interferon from black market suppliers. All choose to take their chances on it now, rather than wait several years for a clinical trial to tell

them whether it really works.

"The point is, you don't know how much time you're going to live," Mr. Woodruff said. "I could become a vegetable at any minute. I'm scrambling to stay alive. I really don't give a ---- about the law when it comes to staying alive."

Many physicians say they understand why people dying of AIDS are impatient with the snail's pace of research and the FDA reluctance to approve any drug until it's proved safe and effective.

But in New York, Dr. Joseph Hassett of the Mount Sinai Medical Center is having difficulty recruiting 45 patients for the nation's only approved trial of low-dose interferon. The classically trained scientist wants to give the drug to 60 percent of his patients and an inactive chemical to the rest to see if the interferon is truly better than nothing.

He speculates that some patients who might qualify for his study may not want to risk getting a placebo when they know they can get the drug through the underground. "There's a natural instinct for people who are sick to take a medicine that may make them better. If they can avoid a placebo . . . they'll take steps to avoid it," he said.

Physicians prescribe an injectable, high-dose form of alpha interferon for patients suffering from hairy-cell leukemia and certain infections; veterinarians administer it to cats with feline leukemia.

But last spring, scientists were surprised by reports out of Kenya that extremely low doses taken by mouth brought improvements to more than 90 percent of 40 patients infected with the AIDS virus. Most surprising of all were reports by the study's director, Dr. Davy K. Koch, that eight of the patients actually tested negative for AIDS antibodies by the sixth week of therapy.

The study was greeted skeptically by the U.S. research establishment,



THE BALTIMORE OWEN

Bill Urban gets oral interferon in vials; he measures doses by syringe.

Top scientists questioned how sick the patients had to be to begin with. They criticized the study for lacking adequate controls. They expressed serious doubts that such low doses taken orally could enter the bloodstream in concentrations strong enough to do anything.

Such concerns don't rattle Mr. Woodruff, who mixes his zeal to help AIDS patients and flint authority with a skepticism of his own.

"I don't absolutely believe the Kenyas write-up. We went after it, primarily, so we could furnish it as a way for people possibly to improve their quality of life. It's not how long you live; it's how you live."

And Mr. Urban doesn't care about the criticisms, either.

"This is my third month on alpha interferon," said Mr. Urban, founder and managing editor of the *Alternative*, a newspaper for Baltimore's gay community. "Before that, I sat around and vegetated. There has been no pain, no discomfort. It just

doesn't make sense to refuse drugs when you have sick and dying patients out there."

Mr. Urban is a small, slender, soft-spoken man who grew up in Chestertown and ran track in high school. In the four years since his AIDS diagnosis, he has been hospitalized three times for separate infections. Now, he is among those who are considered "AIDS survivors," which implies only that they have lived far longer than most people with the disease.

"When I was first diagnosed, I had a support group of 14 people. I'm the only one left," he said, laughing with gales of humor.

He has been taking AZT — the only approved drug known to slow the spread of the AIDS virus — and a few other drugs to combat specific infections. Despite living longer than most people with AIDS, he felt he needed something else to help him overcome the fatigue that made it difficult to get to work each day.

He didn't think he could tolerate Compound Q, a drug that is popular with the AIDS underground but produces severe side effects in some people, especially those with immune systems as ravaged as his. "You just can't grasp at straws," he said.

But Mr. Urban was impressed with reports about interferon that popped up on the computer bulletin boards where AIDS patients trade notes about new treatments. He placed his first order around the time Mr. Woodruff got back from Japan.

Mr. Woodruff said he decided to establish his own buyers club when the AIDS virus moved into his brain, sapping his mental and physical faculties. "I was in pretty sorry shape. I was beginning to slobber. I'd be standing in line, urinating, losing control, numb from the waist down. Three separate doctors gave him about a month to live," he said.

To make matters worse, he couldn't tolerate the side effects of AZT. "As the situation evolved, I went down and bought a .357 Magnum. If I was going to continue to lose motor skills, at some point I would be a burden on my family."

Around the same time, Mr. Woodruff left Dallas for New York, where he learned the tricks of the underground from a buyers club that had been in business for a year or two.

Since then, he has stockpiled an ever-growing and shifting supply of drugs — trying many of them on himself. Although he says his "immune system is shot," Mr. Woodruff has ridden out a series of infections and remains strong enough to run one of the nation's largest buyers clubs for AIDS patients.

Mr. Woodruff requires customers to sign a legal release, fill out a health questionnaire and provide the results of blood tests. He won't refuse a drug to anyone, but wants medical information so he can tell someone, for instance, if he thinks

they are too weak to tolerate a particular drug.

More and more, he said, doctors are referring patients to him. "We gather information from probably 70 different physicians. The unique thing is, as time goes on, more and more physicians are using us."

Cheryl Haylor, an FDA spokeswoman, said the buyers clubs clearly violate regulations forbidding the importing of unapproved drugs in amounts that exceed a three-month supply for one person. But she said the FDA has never cracked down on a buyers club and isn't sure what the penalty would be if it ever did.

Without endorsing the underground, many physicians have taken a relaxed view of the buyers clubs and their products.

Dr. Carlo Alexander, who treats patients at the Chase-Reeeton Clinic in the Mount Vernon area of Baltimore, said buyers clubs are usually careful to make sure the drugs they distribute are pure, and the medicine usually do no harm. She remains unconvinced that the oral interferon is absorbed sufficiently by the digestive tract to do any good, but she knows of no side effects.

"My feeling is, if there's no harm being done, I don't think there's anything wrong with it," she said.

Mr. Urban and she has told his doctor that he is taking the unapproved drug and that she agreed to continue monitoring him without exactly sanctioning what he is doing. He is careful to say that he doesn't swear allegiance to interferon or any other medication, believing that survival depends on a lot more than his choice of drugs.

The rest, he says, is exercise, relaxation, a diet rich in vegetables and abstention from alcohol and tobacco. In short, a healthy attitude.

"A normal person wouldn't understand this, but I just renewed my driver's license," Mr. Urban said. "My new goal is to renew it in 1994."

**In September of 1989,
Chase-Brexton had a
patient caseload of
just over 200. It now
serves over 700.**

by Garey Lambert

**Baltimore's Chase-Brexton Clinic
Health Dept Finally Pays Clinic**

September 1990 The Baltimore ALTERNATIVE 19

After its director had publicly threatened a hunger strike following more than four months of negotiations with Baltimore City Health Department officials, a first quarter payment of \$80 thousand was finally presented to the Chase-Brexton Clinic on August 16th. The payment had been due on July first.

"Some of our doctors had not been paid since May," said Clinic Director Elizabeth Kaeton. "We had been negotiating with the city since April. First, they told us to fill out forms for the money, but didn't supply us with the forms. So, we gave them the information they needed anyway. Then, they told us that we'd need a contract, but that that wasn't necessary to receive our first payment. They told us constantly that there wasn't anything to be worried about. But, when there was no action by August 1st, I decided something needed to be done. I felt that I'd been lied to; that I'd been jerked around."

To cover expenses, and to maintain medicine, supplies, and to pay salaries, Chase-Brexton borrowed money from AIDS Action Baltimore three times.

"We lent the clinic a total of \$25 thousand so they could keep going," says AIDS Action Baltimore President Lynda Dee. "Thank God we had the money to lend them."

Kaeton, an Episcopal Priest and nurse, went public. On two major Baltimore TV stations, and on radio, Kaeton threatened a hunger strike.

The response by the Health Department was swift. A contract was signed and presented to the city's board of Estimates, which approved it, the check was processed, and Chase-Brexton was paid.

The new AIDS Program Director for the Health Department, Mr. Art Cohen, said that the public disclosure of the problem was not necessary.

"We operate under a 'system' of delays," said Cohen. "But, we're moving to remedy that for all the [AIDS] service providers. I take responsibility for this as the new AIDS Program Manager, and it's not going to happen again. The second quarter payment is due on October 1st, and it's going to be made on time. I want to work with people. I will work with them."

Funding for Chase-Brexton's clinical services comes through the city to the clinic primarily from two federal grants. The Centers for Disease Control provides money for anonymous testing and counselling, and for basic clinical services. The Health Resources Services Administration (HRSA) demonstration grant, awarded to the Maryland State AIDS Administration, provides most of the remainder. Some state funds earmarked for "seropositive reactor clinics" are also used. At present, there is no funding from the city.

Chase-Brexton also receives support from donations and community fundraisers.

"Most of our donation money is used

to help support our emergency fund for clients, or to help offset our clinical costs somewhat," says Kaeton, "but, it doesn't begin to offset our enormous costs."

Though some money is collected from clients who have insurance coverage, 90% of the clinic's patients have no insurance or are covered by medical assistance.

"Medical assistance reimburses at only 20% of our actual cost," says Kaeton, "and whereas hospitals can get reimbursed for most of their financial losses at the end of the year, there's no reimbursement for a clinic like ours."

Chase-Brexton provides comprehensive primary care for HIV+ people in Baltimore. Only the Johns Hopkins Hospital's Moore Clinic and a handful of private doctors provide the same level of clinical care. The city's Health Department, which operates Sexually Transmitted Diseases clinics, but does not offer primary care, regularly refers patients to Chase-Brexton for care. Fully 80% of the new patients at Chase-Brexton have been referred there by the Health Department. Even the Whitman-Walker Clinic in Washington, which does not provide primary care, has referred patients to Chase-Brexton. The clinic has become so busy that there is now an eight week delay for an initial appointment.

"We're reaching saturation," says Kaeton. "Very soon now, we'll have to consider some severe limits on our client caseload. We just aren't able to serve everybody who needs care."

In September of 1989, Chase-Brexton had a patient caseload of just over 200. It now serves over 700.

The promise by the city to fund the clinic is for "level" funding, which does not consider the nearly three-fold increase in patients. The city's commitment is to continue funding the clinic for the current federal fiscal year.

But, the grants the city uses to fund Chase-Brexton are in jeopardy. The HRSA grant is a three-year "demonstration" grant that will end in 1993. The CDC money has been severely cut for the next year. Maryland stands to lose nearly \$1 million, 45% of the state's current education and prevention budget. \$545 thousand of that money had been budgeted for the city.

The U.S. House of Representatives has already approved the cuts, which will now be considered by the Senate.

Though \$900 million has been author-

Continued on next page

Staff at gay health clinic may quit over conditions

By Diane Winston

Fearful that medical care is being compromised by administrative mismanagement, several doctors and staff members at Baltimore's Chase-Brexton Clinic say they are considering resigning since the board of directors has refused to fire the head of the gay and lesbian health-care clinic.

"I am reluctant to practice medical care there," said Dr. Mary Bolton, a part-time physician at the clinic. "There's no backup."

Dr. Bolton was one of six clinic employees attending a news conference yesterday at the Gay and Lesbian Community Center of Baltimore. The employees called the meeting after the Chase-Brexton board, which held a seven-hour emergency meeting Thursday night, voted 7-3 not to fire clinic director Elizabeth Kaeton.

"Elizabeth Kaeton has performed admirably for 18 months," said Gary Lambert, a member of the Chase-Brexton board. "That doesn't mean there aren't serious problems to be addressed, but I don't think we should make decisions based on unsubstantiated, conflicting claims."

The Chase-Brexton clinic, the only area health-care provider dedicated to serving the gay and lesbian community, tests, counsels and

cares for several thousand people yearly with AIDS, and other sexually transmitted diseases.

Of its \$600,000 annual budget, \$470,000 comes from the city.

"At this point, we are concerned about the situation, but we are not taking any action until further investigation," said a spokeswoman for the city's Health Department.

On Thursday, members of the clinic's medical staff gave the board a memo detailing their concerns with Ms. Kaeton's performance.

Among their concerns were an inconsistent management style, failure to delegate responsibility and a lack of provisions for workplace safety.

At the news conference yesterday, Dr. Bolton described shortages of supplies, including antibiotics, syringes and swabs. She also said she could not be certain staff always followed through on physicians' orders.

Other staff members said Ms. Kaeton hurt morale through threats and intimidation.

Ms. Kaeton, whose appearance at the news conference caused organizers to walk out and change locations, denied specific charges against her.

"I think the real crisis is AIDS, and the staff as well as the administrators and board are overwhelmed," she said in an interview. "We are overwhelmed and understaffed."

Chief of homosexuals' clinic resigns

Medical staff exodus had been threatened

By Diane Winston

Elizabeth Kaeton, under fire for allegedly mismanaging Baltimore's only gay and lesbian health-care clinic, resigned as the facility's director yesterday — thus averting the threatened mass exodus of the clinic staff.

"There have been enough threats, ultimatums and innuendoes that it's time to take my good integrity — and the good name I've established for myself — and move on," said Ms. Kaeton. "I am real clear the real problem at the clinic is the crisis of AIDS."

Ms. Kaeton, who is an Episcopal priest and a nurse, had become the focus of problems at the Chase-Brexton Clinic in recent weeks.

On Dec. 8, members of the clinic's medical staff gave the clinic's

board of directors a four-page memo detailing their concerns with her performance — including, they said, an inconsistent management style, failure to delegate responsibility and a lack of provisions for workplace safety.

When the board voted in support of Ms. Kaeton, several doctors and staff members at the clinic announced that they would consider resigning. But when the city's acting health commissioner, aware of mounting problems, requested a meeting with the board, alliances began to shift.

"Clearly, the clinic is at the stage where it has to restructure," said Gary Lambert, a member of the board who has supported Ms. Kaeton. "Elizabeth, whether right or wrong, is taking the fall."

Of the clinic's \$800,000 annual budget, \$470,000 comes from the city. Health Department officials said yesterday they expected a meeting between Acting Commissioner Elias Dorsey and the Chase-Brexton board before year's end.

The clinic in the Mount Vernon area is the only local health-care provider dedicated to serving male and female homosexuals. Its 27 staff members — only nine of whom work there full time — test, counsel and care yearly for more than 1,000 people with acquired immune deficiency syndrome and other sexually transmitted diseases.

The clinic began more than 10 years ago in the Gay and Lesbian Community Center but became an independent organization 18 months ago. Ms. Kaeton has overseen the clinic from its start — watching its patient list grow from 200 to 700 a month.

"It's time for a different kind of leadership," Mr. Lambert said. "We need someone with medical experience to handle a clinic this large."

The clinic's medical staff agrees.

"The doctors are concerned there has been nobody running this thing with medical experience," said Dr. Carla Alexander, the clinic's medical director for illnesses from human immunodeficiency viruses. "But the doctors won't be satisfied just with [Ms. Kaeton's] resignation. We want to know how the board will be revised to include people who are knowledgeable about health care."

Dr. Alexander, who wants half the board's 15 members to be medical professionals, said the biggest challenge facing Chase-Brexton was providing care for a growing number of severely ill patients.

She said clinic physicians would make a final decision about their plans after the board met today.

The board is expected to accept Ms. Kaeton's resignation and to discuss restructuring its membership.

G O D I V A



Claus for Celebration.

This holiday season, bring the ultimate Christmas treasure where you go: an elegant gift from the Godiva Collection. Friends and family will salute your good taste, from the moment they open our exclusive Gold Ballotin. And as they savor every delectable chocolate, they'll warm with the magic of the season. Which is exactly what our Belgian confectioners always had in mind.

Also available in fine department and specialty stores.



Owings Mills Town Center 10300 Mill Run Circle 363-7176
Marley Station 7900 Ritchie Highway 768-6690
Gallery at Harbor Place 300 East Pratt Street 332-0931

© 1990. Godiva and the Gold Ballotin are registered trademarks.

C H O C O L A T I E R

Give Your Feet
A Chance To Brave

MOUNT VERNON

Chase-Brexton board accepts resignation

Board members of the Chase-Brexton Clinic voted yesterday to accept the resignation of clinic director Elizabeth Kaeton.

Ms. Kaeton, accused of mismanagement by the clinic's medical staff, had been the focus of controversy at Chase-Brexton. It is the only health-care clinic in Baltimore set up to serve gays, lesbians and people with human immunodeficiency virus disease.

The board also voted to fill its five vacancies with medical professionals.

Chase-Brexton, which has operated as a free-standing clinic for 18 months, sees more than 1,000 clients yearly for testing, counseling and care of HIV disease, acquired immune deficiency syndrome and sexually transmitted diseases.

During emergency meetings this past weekend, representatives of the Mount Vernon-area clinic's medical staff told the board they would resign if Ms. Kaeton did not leave and if board vacancies were not filled with medical professionals.

Chase-Brexton Clinic

Despite the serious problems that have faced the Chase-Brexton Clinic recently, there has been no coverage of the issue in *The ALTERNATIVE*. Quite simply, it would be unethical for us to cover this story, because two of our editors sit on the clinic's board of directors.

This is not to say that we don't take the clinic, and its problems seriously. We do, and though we cannot cover this story objectively, we can still express our editorial opinion on the issue, and the solutions we advocate. Here they are:

1—The Chase-Brexton Clinic must remain our community's clinic, and the re-organization and reconstitution of the board of directors must keep the clinic under the community's control.

2—The city must commit itself to support the clinical services necessary to fight AIDS here, and quit depending entirely upon federal and state largess. Every clinical care provider in the city needs financial help—Chase-Brexton, Johns Hopkins, the University of Maryland, and Sinai are examples. The Mayor's AIDS Advisory Council report outlines clearly the need, so city officials are already aware of the problem. Now, they must act. In this case, ACTION=MONEY!

3—Gay and Lesbian community institutions and leaders must support the clinic—politically and economically. The support must be productive, tangible, and public. Whatever differences exist between organizations or individuals, the clinic's performance and survival cannot be compromised or sacrificed to pettiness.

The Crisis At Chase-Brexton

Finding Good Management and Financial Resources

BY GAREY LAMBERT

THE ALTERNATIVE

Since October 1990, the Chase-Brexton Clinic, our community's clinic, has suffered through a very difficult crisis. A crisis of management and a growing lack of financial resources. The point upon which the problems hinged was the clinic's executive director, Elizabeth Kaeton. Ms. Kaeton resigned one week before Christmas. Her resignation was accepted without judgment by the clinic's Board of Directors (on which I sit).

But, to say that with Ms. Kaeton's resignation the crisis ended would be a grave mistake. Indeed, to blame her, or any single individual, for the entirety of the clinic crisis would be an egregious error. In truth, all of us involved in the administration of the clinic must accept a portion of the blame. There is certainly enough to go around.

Serious as it has been, this crisis of management pales in comparison to the crisis that spawned it, which is AIDS. It was AIDS that created a clinic independent of its parent organization, the GLCCB. And, it was the epidemic growth of AIDS in this city that forced the clinic to grow from a patient caseload of 260 in August 1989 to over 700 in December 1990—a period of just seventeen months.

With a full-time staff of fewer than ten, and a total staff of fewer than thirty people, including doctors, the Chase-Brexton Clinic has attempted to provide full primary care to its patients. It was, and is an heroic effort. By the fall of 1990, the number of client visits to the clinic each month soared to nearly 2000. The clinic's budget has also grown, and is now about \$600,000 annually.

But, the budget increases have not kept pace with the ballooning patient caseload. There simply are too many patients and not enough money to do the job. So, the problems that simmered for so long and finally boiled over last fall must be attributed at least as much to the overwhelming crisis of AIDS in

ment (under acting Commissioner Elias Dorsey) has given no indication that it is willing to make a financial commitment to Chase-Brexton.

The city has some very clear choices here. It can continue to "administer" money provided by others for

the clinic's services, or it can commit itself to supporting Chase-Brexton.

If it chooses to leave things as they are, Chase-Brexton will have no choice but to refer some patients to other providers and reduce its level of service from that of a primary-care facility to a less comprehensive form of care. Given the fact that Johns Hopkins' overburdened and financially strapped Moore Clinic is the only other full-service, primary care facility for HIV-infected people in Baltimore, that is an unacceptable option.

Of course, if the health department chooses to support Chase-Brexton with city funds, then Hopkins, the University of Maryland, and others who serve HIV+ people will want their share of the pie too.

Perhaps that is part of the reason why the city has balked at committing its admittedly meager resources to Chase-Brexton.

But, so what? The crisis we in the AIDS community have been predicting for so long is really here. Since our warnings to date have been largely ignored, and the problems have been allowed to fester and grow acute, challenging them will be harder and more expensive now. The ever-growing population of HIV-infected people in Baltimore gets progressively sicker and more desperate by the day. The few places that offer help are overwhelmed. Too many patients are becoming too sick to provide for or care for themselves. One day soon, they may have no place to go.

What then? Is our city government so politically timid that it will actually wait for its people, including women and children, to begin dying in the streets? Or, does it think that such dire predictions are just hollow political rhetoric? Can it afford to wait and see? How many crises does it take to make this point? How much pain and misery must people endure before this administration is compelled to act?

There is only one good, moral choice. First, the city must admit that its health-care

organization, the GLCCB. And, it was the epidemic growth of AIDS in this city that forced the clinic to grow from a patient caseload of 260 in August 1989 to over 700 in December 1990—a period of just seventeen months.

With a full-time staff of fewer than ten, and a total staff of fewer than thirty people, including doctors, the Chase-Brexton Clinic has attempted to provide full primary care to its patients. It was, and is an heroic effort. By the fall of 1990, the number of client visits to the clinic each month soared to nearly 2000. The clinic's budget has also grown, and is now about \$600,000 annually.

But, the budget increases have not kept pace with the ballooning patient caseload. There simply are too many patients and not enough money to do the job. So, the problems that simmered for so long and finally boiled over last fall must be attributed at least as much to the overwhelming crisis of AIDS in Baltimore as to the specific personalities involved. So too must the blame, for the conditions that catalyzed this crisis came as no surprise to the people fighting AIDS here.

Indeed, the clinic has made it this far only because certain officials in the state AIDS Administration had the vision and will to support it. Most of the clinic's budget has come from the \$1 million federal HRSA grant, which was won by the state for the city and over which the state retains control, though the city "administers" the grant. This money is designed primarily to provide initial basic clinical services—not primary care.

The state has also embellished the clinic's budget somewhat with some state money. The city has contributed nothing. Not one penny.

This, despite the pleas from the Mayor's AIDS Coordinating Council in its final report "that Baltimore City have a budget allocation for AIDS activities with administrative, patient-care and laboratory components."

In responding to the Advisory Council's report, Mayor Schموke made no commitment to finding money in the city's budget to fight AIDS, and the city health depart-

ments have been largely ignored, and the problems have been allowed to fester and grow acute, challenging them will be harder and more expensive now. The ever-growing population of HIV-infected people in Baltimore gets progressively sicker and more desperate by the day. The few places that offer help are overwhelmed. Too many patients are becoming too sick to provide for or care for themselves. One day soon, they may have no place to go.

What then? Is our city government so politically timid that it will actually wait for its people, including women and children, to begin dying in the streets? Or, does it think that such dire predictions are just hollow political rhetoric? Can it afford to wait and see? How many crises does it take to make this point? How much pain and misery must people endure before this administration is compelled to act?

There is only one good, moral choice. First, the city must admit that its health-care delivery system is in deep trouble. Then, it can face its responsibilities to its citizens, and commit some money to this fight. It can give some of that money to Chase-Brexton, which has already demonstrated its ability and commitment to fighting AIDS.

For its part, the clinic, its volunteers, staff, doctors, and directors, is working very hard to address the specific problems it faces. The people who have already worked so hard to keep abreast of the epidemic are working even harder now, so that clinical services to patients are maintained at least at their current levels. Additional, temporary assistance from health-care professionals experienced in HIV disease has been obtained. A thorough search for a new executive director is now underway.

The structure and composition of the board of directors is also being scrutinized, and the board will undergo re-organization to be better equipped to manage clinic operations. Though there will be much greater "medical professional" representation on the board, the number of community representatives will be equal to or greater than the number of medical professionals.

Latest estimates aside, AIDS clinics overflow

By Jonathan Bor

Fifty-four patients and two doctors.

The ultimate in packed waiting rooms is what greeted anyone who wandered into the Chase-Brexton Clinic on Wednesday evening — only hours after state health officials estimated that the number of Marylanders infected with the AIDS virus was one-quarter to one-half as large as expected.

It was just a typical night, according to Carol Hilton, the clinic's acting director.

"We're not taking any new pa-

tients — we just can't," Ms. Hilton said yesterday.

The free clinic, located in the Medical Arts Building on Read Street, treats people who are infected with the human immunodeficiency virus. And these days, the clinic is following more than 700 patients — triple the number of 18 months ago.

In hospitals and health clinics that see the epidemic up close, it was difficult to hear a single sigh of relief amid the new projections by the state health department that 18,000 to 28,000 state residents carry HIV.

Those numbers pale in compari-

In hospitals and health clinics that see the epidemic up close, it was difficult to hear a single sigh of relief.

son with the department's earlier projection that 60,000 people were infected. And while many professionals said their crowded waiting

rooms gave them a gut feeling that the new estimates were too low, they conceded that they lacked a scientific basis to insist the figures were wrong. But even if the figures are accurate, many said, Maryland still faces a critical shortage of services for AIDS patients — and with an epidemic that only promises to get larger.

Dr. Jonathan Cohn, chief of AIDS services at University Hospital, said a conservative estimate of 20,000 HIV-infected people means that at least 10,000 people will come down with full-blown AIDS in the 1990s — triple the number of people diag-

nosed in the past decade.

"I don't think we're prepared for these cases. In order to be prepared for this, HIV needs to be better integrated into the health-care system as a whole," Dr. Cohn said, noting that very few private doctors outside major teaching hospitals treat patients infected with the virus.

The Moore Clinic at Johns Hopkins Hospital greets 40 to 60 new patients with HIV every month, according to Dr. Richard Chaisson, chief of the AIDS service at Hopkins. Only one thing has kept the hospi-

See AIDS, 12C, Col. 1

Number of AIDS cases is increasing

AIDS, from 1C

tal's 21-bed inpatient unit from overflowing — recent medical advances that have allowed doctors to manage patients on an out-patient basis.

Experts following the epidemic's progression in Baltimore say they are seeing fewer new infections among gay men than they did several years ago, but more among intravenous drug users.

Johns Hopkins scientists who have monitored more than 2,000 addicts since 1988 have discovered that 5 percent contract the virus each year — suggesting a spiraling epidemic among people who shoot drugs.

Dr. David Vlahov, who heads the study, said one-quarter of the addicts are infected. This would suggest that at least 8,000 of the 32,000 addicts who are estimated to live in Baltimore carry the virus — and more are being infected each year.

Epidemiologists — including those at the health department — agree that estimating the number of people infected with HIV is only a "best guess" affair. And Dr. Vlahov cautioned against reading too much into anyone's numbers.

"It's one thing to be reassuring," he said. "It's another thing to provide a false sense of security."

Some 1,984 people in Maryland have died of AIDS since the epidemic began. In Baltimore, it is the leading cause of death among black males between the ages of 25 and 44 and the third leading cause among women in that age bracket, according to a December report by the Baltimore Health Department. Overall, AIDS is the second leading cause of death for blacks and whites in the age group.

Some observers said they feared that Gov. William Donald Schaefer would use the lower estimates to justify spending less money on programs aimed at containing the AIDS epidemic. This year, the state AIDS Administration is spending \$12.4 million — \$8 million of which comes from federal grants.

Kathleen Edwards, who directs the AIDS Administration, said the estimates would be used to gauge how much money is needed to fight the epidemic. But she denied that the figures were crafted to justify a lower budget and agreed that Maryland is still fighting a growing epidemic that has no vaccine and no cure.

The governor is to release his budget today.

AIDS virus emerges as the leading killer of city's young adults

By Jonathan Bor

For the first time since the epidemic surfaced, AIDS in 1989 became the leading killer of Baltimore's young adults.

Statistics compiled recently by the Baltimore City Health Department reveal that infections caused by the AIDS virus accounted for 14.1 percent of deaths to city residents between the ages of 25 and 44 — surpassing homicides and heart disease, which ranked second and third. The rankings for 1990 have not yet been completed.

"We're going to see increases all the way through the mid-1990s easily in terms of the number of people dying from AIDS," said Arthur Cohen, AIDS program manager for the city Health Department. "I'm concerned about the impact on local medical institutions. We're not geared up to serve the number of people dying."

In the face of a mounting death toll, he said, the Chase-Brexton Clinic and three hospitals — Johns Hopkins, University and Sinai — continue to shoulder the burden of caring for the great majority of AIDS cases.

"There's still a lot of dumping to the two or three major hospitals providing this care," he said.

See AIDS, 4A, Col. 4

Leading causes of death in Baltimore

In 1989, for the first time, AIDS virus infection became the leading cause of death among people aged 25 to 44.

Cause (1989)	Number of deaths	Percent of deaths	Cause (1988)	Number of deaths	Percent of deaths
1. HIV infection	147	14.1	1. Heart disease	108	11.8
2. Homicide	122	11.7	2. HIV infection	106	11.6
3. Heart disease	115	11.0	3. Homicide	102	11.1
4. Cancer	75	7.2	4. Cancer	87	9.5
5. Chronic liver disease	63	6.1	5. Accidents	67	7.3
6. Accidents	57	5.5	6. Suicide	48	5.2
7. Suicide	40	3.8	7. Chronic liver disease	44	4.8
8. Pneumonia and flu	28	2.7	8. Stroke	28	3.0

Source: Baltimore Health Department

AIDS emerges as a leading killer in city

AIDS, from 1A

Mr. Cohen said other hospitals and clinics will have to join the battle for the increasing numbers of sick people to get the care they need.

While several experts said they were not surprised by the statistics — bulging hospital caseloads provide daily evidence — they said the statistics carried the important message that acquired immune deficiency syndrome has become a leading killer among whites and blacks, and men and women.

In the 25-44 age bracket, infections caused by the human immunodeficiency virus, or HIV, were the leading cause of death when all sex and racial groups were combined.

It led among three demographic groups — black people in general, white men and black men — and was the second leading killer among two groups: white people in general

and black women.

The statistics were compiled by John Sweitzer and Thomas McArdell of the Health Department's preventive medicine division.

Mr. Cohen said the statistical breakdown shows in stark detail the way AIDS, which struck white men most heavily when it surfaced a decade ago, has crossed race and gender lines in the ensuing years. Also, the 1989 death toll also means that transmission was occurring rapidly across these groups many years earlier.

The AIDS virus is believed to have an average incubation period of 11 years — meaning it takes that long, on average, for the virus to cause the full-blown disease.

Mr. Cohen said he hoped the rankings — although grim — would counter any complacency that followed the state health department's new estimate of the number of Mary-

landers infected with HIV. In January, state health officials estimated that the number was somewhere between 16,000 and 28,000 — not 60,000 as previously projected.

"I'm not commenting on the accuracy of what they said," Mr. Cohen said. Rather, he said he was afraid that the public might interpret the new estimates to mean that the problem is not a serious one.

"I would say, within the general public and even within the medical professions, there is still a lot of denial going on."

Nationally, by 1988, AIDS was the third leading cause of death in men aged 25 to 44 and the following year, it had reached No. 2, surpassing heart disease, cancer, suicide and homicide. Among women, AIDS was eighth in 1988, and by this year is expected to climb to the top five, according to the federal Centers for Disease Control.

to life!

“THE BEST OF
THE BMC”

A Concert for the Benefit of
CHASE-BREXTON CLINIC
and
CARE CONSULTANTS

Featuring
THE BALTIMORE MEN'S CHORUS
and
ALETA GREENE

SUNDAY, OCTOBER 20
7:00 P.M.

WESTMINSTER HALL
FAYETTE & GREENE STREETS

\$25 per person in advance
\$30 at the door

For tickets call Elliott
655-4755 after 7:00 p.m.

Appropriate Attire
Light Fare
Open Bar

AIDS clinics mark surge in testing since Johnson's announcement

By Jonathan Bor

In the 3½ weeks since Magic Johnson told a stunned nation, "It can happen to anybody, even me," unprecedented numbers of people have flocked to testing clinics around Baltimore to learn whether they carry the virus that causes AIDS.

Not only did the basketball idol motivate people who once thought themselves immune to AIDS, but

many others who took the test months ago and never showed up for results have suddenly appeared to see if their worst fears proved true.

"People are scared. People are worried," said Andy Rose, head of social work at Baltimore's three sexually transmitted disease clinics. "People have the idea, even if momentarily, that it could happen to anybody. That is probably the main initial message that Magic has gotten

out."

Throughout the metropolitan area, the story was much the same.

□ At the **Chase-Brexton Clinic**, a non-profit agency in Mount Vernon, about 200 people have shown up in the last month for blood tests that detect evidence of the human immunodeficiency virus (HIV), which causes AIDS. That's twice the usual monthly total.

□ Baltimore County's three HIV

testing sites tested 220 people in November, about double the October total.

□ The city's sexually transmitted disease clinic on North Avenue tested 66 people during the week following Magic Johnson's announcement on Nov. 7 — a 20 percent increase over previous weeks. More recent totals there were not available.

Clinic officials said they had never seen a surge like this, although

they predicted it will soon taper off.

Magic Johnson, a star basketball player and cultural hero to many of today's youth, told a surprised nation that he would have to retire from the sport because he was in-

See HIV, 4D, Col. 1

Chase-Brexton Clinic to add mental health services. 4D

Officials hope Magic's message gets through to teens

HIV, from 1D

ected with HIV — a virus that experts believe invariably leads to acquired immune deficiency syndrome.

He insisted he must have contracted the virus while having sexual intercourse with one of the many women he has "accommodated" while touring the nation with the Los Angeles Lakers.

Since his announcement, testing centers continue to test gay men and intravenous drug users in larger numbers than heterosexual men and women.

But officials say they are beginning to see a new influx of people who are worried about their sexual contacts with members of the opposite sex.

"We're seeing people who felt they may have had a heterosexual exposure," said Dr. Randy Berger, who heads AIDS services for Baltimore County.

"We're not really seeing the people who say they are promiscuous. It's people who are worried they haven't been having safe sex, haven't been using condoms."

As expected, officials have not

seen a higher-than-normal percentage of people testing positive for the AIDS virus — just more people asking for the test.

At Chase-Brexton, 10 percent of the people taking the test find out they are positive. In Baltimore County, about 3 percent test positive.

Those figures may be 50 to 100 times higher than the prevalence rate across the general population. Typically, people who seek the test are those who have reason to suspect they placed themselves at risk.

Officials expressed mixed feelings about Magic's ability to convince youngsters to wear condoms or abstain from sex. "Magic Johnson is a guy inner city guys can relate to," Mr. Rose said. "If Magic Johnson can't have an impact on this, I wonder whether anybody can."

Past efforts at changing the sexual habits of inner city youth have met with disappointment, he said. One quarter of the people treated for venereal diseases such as gonorrhea at the city clinics return newly infected within a year.

Although they do not expect Magic to work miracles, many officials said they hope he can inspire a mod-

est proportion of the U.S. population to change its habits.

As a hopeful sign, they pointed to the fact that the number of people getting tested has been increasing slowly over the last several years — a response, in part, to reports that new drugs can stave off the onset of AIDS when the infection is caught early.

Then, there are people like a suburban public health employee who carried on a three-month sexual relationship with a man who never

used a condom. She never asked him about his sexual past and never insisted he use a condom. Finally, she got tested — a week before Magic's announcement — when she began to suspect that he may have had sex with other men.

To her relief, she tested negative. "Why no condom? Because I was crazy," said the woman, who asked not to be identified.

"Because I was in love. I thought he was the right one. No wonder other people catch it."

Clinic offers counseling

The Chase-Brexton Clinic, a private center that treats people infected with the AIDS virus, will soon begin offering mental health services to people before they get severely depressed or anxious over their struggles with the virus.

Armed with a \$675,000 federal grant, the clinic plans to begin offering therapy to people soon after they test positive for the virus.

The money, to be spread out over three years, will pay for a part-time psychiatrist, two social workers and two case managers.

The services should be in place by mid-December, clinic officials said at a news briefing yesterday.

Infected people too often go without mental health therapy until they are in the depths of depression, said

Jack Neville Jr., social services director at the Mount Vernon clinic.

By the time they reach that point, many patients have lost their jobs and homes — problems that place even more stress on their mental health.

The mental health professionals will not only see patients at the Chase-Brexton office, but also at the offices of four private doctors who have large numbers of patients infected with the human immunodeficiency virus, which causes acquired immune deficiency syndrome.

First established as a gay health center in 1972, Chase-Brexton later evolved into a clinic offering HIV testing and a wide array of health services to people infected with the virus.

THE ULTIMATE CHRISTMAS GIFT!

GREAT FOR EVERYONE IN YOUR FAMILY, AND BOYFRIENDS/
GIRL FRIENDS, CUSTOMERS AND EMPLOYEES/PEOPLE OF ALL AGES!
"THE BEST PRESENT ANYONE EVER GAVE ME! TERRIFIC EXPERIENCE!"

SUNDAY MARCH 8, 1992

'BYE BYE BIRDIE' CAST IN BACKSTAGE BENEFIT



BY LOUI VAN TASSEL

Nan Rosenthal, Chris Morrison,
Tommy Tune, Kathy Baker.

There were rave reviews at Center Stage for Tommy Tune and the "Bye Bye Birdie" cast members from everyone who attended the backstage party benefit for the Chase-Brexton AIDS Clinic and Equity Fights AIDS. Just think, the cast had already put on a show at the Mechanic, but arrived at Center Stage in good spirits for an 11:30 p.m. curtain call. This backstage show has become something of a tradition with the nine-time Tony Award winner Tune et al. They raised \$18,000 here, which brings their five-city total to about \$68,000. —S.H.B.



Glenda Rider,
Michael Styer,
Ruth Singer.



Jim Morrison,
Jeanne
Jankowski, Alex
Beer, Dave
Shippee.



Sharon and Marty
Bass.

SUNDAY, JUNE 14, 1992



BY LORI VAN TASSEL

Dr. Merle McCann, Linda Ames, Bea Grant, Jim Morrison.

OPEN HOUSE AT CHASE-BREXTON

The Chase-Brexton Clinic sponsored an open house to give its supporters a look at the clinic's renovations. Before the party, the James Howard Nathanson Treatment Suite was dedicated in a private ceremony. Mr. Nathanson was a dedicated volunteer at the clinic. After his death, members of his family collected more than \$5,000 to help make the treatment suite a reality.



—S.H.B. Cinta Porter, Christopher Morrison.



Dave Shippee, Jamie Miller, Al Nathanson.



Shirley Nathanson, Joyce Keating, Marilyn Meyerhoff.

End to Medical Assistance protested

By Laura Lippman
Staff Writer

AIDS activists staged an 11th-hour protest yesterday to draw attention to the state's decision to eliminate health insurance for more than 30,000 poor and disabled Marylanders.

The cut is just one of several that go into effect Sunday. To avoid a \$450 million shortfall at the end of the current fiscal year, Gov. William Donald Schaefer has cut a total of \$240 million from programs.

A broad range of services will be affected, but the poor are taking an especially hard hit. In addition to abolishing Medical Assistance, the state will roll back welfare checks to 1988 levels, giving a family of three \$359 a month. The cuts have inspired a spate of protests including yesterday's demonstration by ACT UP/Baltimore outside the Great Hall of Emmanuel Episcopal Church in the 800 block of Cathedral St.

Health officials at yesterday's demonstration pointed out that hundreds of people who have tested posi-

tive for the AIDS virus rely on the state's Medical Assistance program for treatment and prescriptions during the disease's asymptomatic stage. Once funding is cut, people with human immunodeficiency virus may not receive care until they have full-blown AIDS.

"Obviously, Governor Schaefer has said, 'I don't give a damn,' " said Dave Shippee, executive director of Chase-Brexton Clinic, which treats 900 people with AIDS and HIV. "Ironically, it's Halloween and it's a hell of a trick."

At Chase-Brexton, an uninsured person can get in for an appointment within three weeks. That will become 30 weeks after the cuts, said Mr. Shippee and Dr. John O'Neill, as the clinic's percentage of uninsured patients surges to 78 percent.

"Governor Schaefer you can't hide! We charge you with genocide!" about 100 people chanted at the mid-day rally.

Advocates for diverse interest groups — AIDS patients, the poor, middle class nursing home patients, and state workers — are trying to

present a unified front in these protests. But the state's budget crisis inevitably divides these groups. Every time a cut is restored, state officials have pointed out, another cut must be made.

For example, protesters in wheelchairs brought attention to the state's plan to eliminate a program that provides attendants for 3,400 Marylanders. Gov. William Donald Schaefer was not swayed, but Comptroller Louis L. Goldstein and Treasurer Lucille Maurer decided to block the cut at the Board of Public Works.

Secretary of Health and Mental Hygiene Nelson J. Sabatini then had to find \$6 million to cut elsewhere in his department's budget, which accounts for 27 percent of Maryland's \$12.1 billion operating budget.

He was spared from making additional cuts when the federal government reimbursed Maryland \$75 million that had been withheld during a dispute over the state's Medicaid "provider tax." But the rest of that money is already committed and cannot be used for any other programs.

AIDS-education campaign calls on Morgan State

BALTIMORE — A group of students and staff at Morgan State University handed out some 2,000 condoms on campus yesterday, as well as coupons for free AIDS testing.

The coupons can be used for free, anonymous tests for HIV, the virus that causes acquired immune deficiency syndrome, at the Morgan State Infirmary Monday.

"The message is that you need to protect yourself but also protect others," said Erica Spradlin, a spokeswoman for the Chase Brexton Clinic, an AIDS-treatment that sponsored yesterday's giveaway at Morgan.

The clinic plans to sponsor on-campus testing at several other schools. Information: 837-2050.

Chase-Brexton

Chase-Brexton Clinic is now forming a therapy group for adult lesbian survivors of childhood sexual abuse. The group will meet weekly for 12 weeks beginning January 3. Sessions will be held on Mondays from 6-7:30 p.m.

Organizers hope the group will break the silence of childhood sexual abuse and provide a supportive setting for exploring issues associated with being a survivor of childhood sexual abuse.

For more information call Esther Margolius at 545-4481, ext. 111.

Box 5 Paper

Health commissioner draws national focus

Beilenson backs Norplant for teens

By Sandy Banisky
Staff Writer

In a city where mayoral cabinet members are rarely recognized outside of City Hall, Baltimore Health Commissioner Peter Beilenson finds himself quoted on the front pages of national newspapers, pursued by television networks.

Not bad for a guy who's been in office just over a month.

Dr. Beilenson didn't think it was big news last week when *The Sun* reported that he's organized a consortium of Baltimore doctors, hospitals and foundations to promote Norplant, the five-year contraceptive, among teen-agers. Next thing he knew, the networks were calling.

In part, the publicity was sparked by the subject; birth control for teen-agers has been wildly controversial in many cities. But in part, it was Dr. Beilenson's style that generated the attention. At 32, he works like a man in a hurry.

Contraceptives in Baltimore school clinics are not new. Already, students can get birth control — pills, condoms, foam or a referral for Norplant. The former acting health commissioner, Elias Dorsey, began that without fanfare a couple of years ago. Dr. Beilenson recommended the city do more.

Next month, students at the Laur-



BO RADER/STAFF PHOTO

Dr. Peter Beilenson is calling on doctors to volunteer services.

ence G. Paquin School, which serves pregnant girls and new mothers, can get Norplant right in their school clinic. Dr. Beilenson wants Norplant advertised for teen-agers and discussed in classrooms — all the while stressing condom use to prevent the spread of diseases such as AIDS.

Only last week, amid the media storm, did City Hall realize that no other city in the country is targeting teen-agers with Norplant so aggressively.

See DOCTOR, 2B

DOCTOR

From 1B

Mayor Kurt L. Schmoke says he appointed Dr. Bellenson because of his creativity and energy. People familiar with Baltimore's problems say the health commissioner will need a lot of both.

"He's not walking into a position that a number of people would relish having," says David Shippee, head of the Chase-Brexton Clinic, which sees HIV-infected people.

Indeed, Dr. Bellenson faces a multitude of public-health crises: Teen-aged girls continue to have babies at record rates. AIDS is spreading. The homeless wander the streets. Tuberculosis has made a grim comeback. Children are poisoned by lead paint.

Meanwhile, budgets are being cut. So to make any progress on health issues, Dr. Bellenson says, the city has to build partnerships.

The Baltimore City Norplant Consortium, which drew so much attention last week, is an example. Dr. Bellenson says the city, hospitals and foundations must work together to provide Norplant to as many women as possible — especially those who cannot afford the \$350 cost or have no insurance.

But there are many other partnerships he envisions.

To supplement health department staff, Dr. Bellenson wants private doctors and nurses to donate time routinely to the city — just as many law firms encourage their lawyers to do pro-bono work regularly for those who cannot pay. With just a couple dozen volunteers in clinics or visiting homes, he says, the health department could make up for many positions lost to budget cuts.

His deputy Mr. Dorsey is looking into trading services with surrounding counties to avoid duplication: A county might provide health inspectors to one part of the city, for example, while Baltimore would offer health care to children in some county ZIP codes.

In an effort to slow the spread of AIDS, Dr. Bellenson is hoping to start a needle-exchange program, modeled on a project in New Haven, Conn., which reduced the level of HIV infection among drug users by a third. If the legislature approves, drug-users would be able to turn in dirty needles and pick up new ones at certain sites.

To try to recoup some funds, the health department, under Mr. Dor-

sey, began billing more aggressively for services in city clinics. The result, Dr. Bellenson says, is a boost in revenues that will prevent layoffs in January.

And as always, the department is looking to the private sector for extra money. Soon, the Aetna Express, a van financed with a grant from the Aetna insurance company, will be traveling to poor neighborhoods to offer health care to the homeless, including immunizations for children.

Besides learning to run the agency, Dr. Bellenson still sees patients one day a week in city clinics.

"He has great ideas, excellent ideas," says Third District City Councilman Wilbur E. "Bill" Cunningham.

"When I heard Mayor Schmoke had appointed Dr. Bellenson, I could think of no one better," says Mark Shaw, the spokesman for the Baltimore chapter of the AIDS Coalition To Unleash Power (ACT UP).

Critics say Dr. Bellenson lacks humility and is constantly calculating the political effects of his moves. But admirers say he is the first health commissioner they've known who really listens, a man who conveys urgency when talking about the city and its health problems.

For years, Baltimore's health commissioners were career administrators who moved up quietly from within the agency. Dr. Bellenson has been in Baltimore only 5½ years. He served in his previous health department post, director of school health, for just six months.

And until a year ago, Dr. Bellenson seemed determined to make a career not in public health but in politics — like his father, U.S. Rep. Anthony C. Bellenson, who represents California's San Fernando Valley in Congress.

With a bachelor's degree from Harvard, a medical degree from Emory and a master's in public health from Johns Hopkins, Dr. Bellenson ran in 1990 for the House of Delegates and lost. Last year, he ran for the Baltimore City Council and lost again.

His campaigns were notable for the ground Dr. Bellenson covered. In the summer of 1990, he knocked on 10,000 doors. In 1991, he visited 12,000.

"When people talk about rat eradication, I've seen the rat holes," Dr. Bellenson says.

But his campaigns are remembered — to his dismay — for more. By the end of the race, Dr. Bellenson

says, he was exhausted and frustrated. And though he calls himself "a pretty nice guy who likes to get along with people," he found himself in public tangles with other politicians.

At the polls, he protested to reporters that black campaign workers were telling black citizens not to vote for Dr. Bellenson, who is white.

"It's always been said about Baltimore that whites won't vote for blacks, but blacks will vote for whites," he said later. "But this time people only voted for their own race. It's a sad commentary."

He was angry when City Council President Mary Pat Clarke urged gay and lesbian groups that were supporting Dr. Bellenson to reject his independent bid for office and instead support her candidates. On Dr. Bellenson's behalf, Massachusetts Rep. Barney Frank, a leading gay congressman, called Baltimore friends to ask their support for the new candidate.

And the day after the primary, Dr. Bellenson sent an angry, handwritten letter to U.S. Rep. Kwesi Mfume, D-7th, protesting Mr. Mfume's endorsement of Councilman Anthony J. Ambridge, who finished first in the 2nd District Democratic race. Dr. Bellenson finished fifth. Mr. Mfume responded with a pointed letter of his

own.

Now, Dr. Bellenson rolls his eyes when asked about those episodes. "Please don't ask me about that," he pleads. "It was an exhausting campaign and basically I just sort of over-heated."

A year later, Mr. Mfume and Mr. Ambridge say no permanent damage was done.

"He shot off a little letter to me and I shot off a little letter to him and a day later he called and apologized," Mr. Mfume says. "And I said I understood. We've had a very cordial relationship since then."

Mr. Ambridge attributes Dr. Bellenson's combativeness at the close of the campaign to "his sense of self-worth, which is very abundant." He worked hard. He ran a good campaign. When he lost, he was very bitter.

"We mended it," Mr. Ambridge adds. "I've never had any problem with his positions. It was his attitude that bothered me. Now he's worked closely with the council — which is unusual for anyone in this administration. I think we're lucky to have somebody like him."

Staff writers Michael O'Love, Rafael Alvarez and John W. Frece contributed to this article.

WIESEL

From 1B

"The most important person in Jewish life is the teacher," Mr. Wiesel said, and he went on to suggest that "teachers should get the highest salaries."

Dr. Kaplan remonstrated, "As a former teacher, I have to take a little exception to that." Recalling that he often spent 16 hours a week in the classroom, he said many professors now "teach only four hours a week, and the rest of the time they write papers that nobody reads . . . and hundreds of footnotes! This is not scholarship. This is not learning."

"Learning has to be something which inspires a person, takes over a person. The real purpose of education is to teach people how to study themselves, and to teach others to study. Unless I teach myself, I can't teach anybody else."

The conversationalists expressed

some disagreement over capital punishment. Mr. Wiesel noted his fear "that the wrong person will be executed." Dr. Kaplan countered, "In some cases our court system is not as good as it should be. . . . Men who commit murder and rape are paroled and go out again to live in the society that they have practically destroyed."

He said he believes there is "an absolute necessity to remove from life someone who has demonstrated that he cares so little for it that he can take two or three human lives."

The speakers did agree forcefully, however, that an execution must never be a public spectacle. When Mr. Wiesel said that death should always be private, Dr. Kaplan responded, "You are 100 percent right about that."

The afternoon program at Beth Am was the beginning of a week of special events honoring Dr. Kaplan, who turns 90 on Friday.



Chase-Brexton Clinic Provides HIV Services to All

By David H. Shippee, M.B.A.
Executive Director
Chase-Brexton Clinic

The Chase-Brexton Clinic (CBC) is an independent, non-profit clinic that was originally established in 1972 to provide service to the gay community, but over the years it has expanded services to a wide spectrum of individuals in Baltimore. CBC has been providing primary-care services to HIV-infected adults since late 1988. CBC became an incorporated entity in mid-1989.

Currently, the clinic offers comprehensive primary-care services to nearly 700 HIV-infected patients. An average of 200 patients per month are seen in our HIV primary-care program, with approximately 30 new patients enrolled per month.

As a founding member of the Baltimore Community Research Initiative (BCRI), CBC offers patients a number of options in terms of alternative therapies. CBC has been able to offer various "open label" medications to patients who have not tolerated FDA-approved HIV therapies. Presently, CBC is conducting a trial through the BCRI to determine the safety and efficacy of Stavudine (D4T) in the treatment of HIV infection.

Mental health services for all CBC patients have been an integral part of the clinic's work. With a recent Special Projects of National Significance award from the Health Resources Services Administration, CBC has been able to establish a more comprehensive, coordinated mental-health and case-management service for all HIV-infected clients.

CBC's initial health service to the gay and lesbian community was a sexually transmitted disease (STD)

clinic. This service is still offered to anyone, regardless of HIV status, twice a week. It is conducted by both paid and volunteer staff. A women's clinic is held once a week for HIV referrals as well as for non-HIV-infected women in the community.

Volunteer staffing has been a vital part of the success of CBC. At present, more than 80 volunteers, both professional and clerical, are involved in the activities and programs offered by CBC.

At the anonymous HIV counseling and testing program at CBC, we test approximately 180 persons per month, of whom 8%–10% test HIV-positive.

One of the "HIV Facts of Life" that many of us AIDS service providers recognized

long ago is that HIV infection knows no boundaries when it comes to ethnicity, sexual orientation, and socioeconomic status. One of the principal challenges for an organization like CBC is provide comprehensive services to varied populations while recognizing everyone's needs and neglecting to pay particular attention to each community's perspective. Perhaps one of the positive aspects of this ugly epidemic is that organizations like ours have been able to gather individuals from all walks of life together in one setting, and harmoniously do battle with a common aggressor: HIV infection.

For more information on the services offered by CBC, call 410-837-2050. ▲



CBC Executive Director David H. Shippee

.....
"Perhaps one of the positive aspects of this ugly epidemic is that organizations like ours have been able to gather individuals from all walks of life together in one setting."
.....

AIDS in Maryland: Behold death in the streets

YOU can't talk of the dangers of snake poisoning and not mention snakes," said former Surgeon General Dr. C. Everett Koop back in 1986. He spoke in defense of his attempt to force a headstrong and anxious public to accept AIDS education. He was repulsed because Americans clung to the tragic delusion that only snake handlers were at risk

Garey Lambert

of contracting AIDS, and any forthright discussion of snakes and venom was immoral. There is now firm evidence that we are reaping a grim harvest of consequences for that self-righteous delusion. A report presented last Dec. 8 to the Council on HIV Prevention and Treatment — which Gov. William Donald Schaefer dissolved last week — exposes clearly that the worst of the persistent and dire warnings about AIDS are coming true in Maryland, and our health care system is failing to cope.

First, our education and prevention programs are not working. The rate of AIDS cases is 21.2 for every 100,000 Marylanders. The national rate is 18.4. Forty-nine percent of all AIDS patients admitted to hospitals are Medicaid recipients. Twelve per-

cent are covered by Blue Cross. In 1983, the figures were 29 percent and 31 percent respectively. The change reflects the increasing numbers of poor minorities and IV drug users contracting AIDS.

Yet, while the number of impoverished, uninsured AIDS patients increases steadily, the already insufficient health care and social services support programs are being slashed drastically. For example, Maryland's "state only" Medicaid program has been eliminated, a victim of budget cuts. The program paid 34 percent of HIV-related health-care costs. Who will pay now? Where will these people go?

Salient questions, for "state only" Medicaid spent \$11.8 million on AIDS care between 1985 and 1990, and even that was not enough. No Medicaid program, state or federal, covers the actual costs of care. So the hospitals, clinics and doctors were saddled with the deficit. Between 1985 and 1990, the average loss to Maryland hospitals for each AIDS patient of Medicaid was \$7,853. Most, but not all of the losses were compensated through the Maryland Health Care Cost Review Commission.

Now, with the collapse of "state only" Medicaid, hospitals will suffer even greater losses — at least \$2.3 million per year.

They will try to cushion the blow by charging more for rooms and services — in other words, what the state won't reimburse will be passed on to paying patients.

Many are just not taking the chance. Only two of 46 hospitals in Maryland deal with greater than 40 percent of all hospitalizations for AIDS — Johns Hopkins and the University of Maryland. According to hospital discharge planners, only eight of 224 licensed nursing homes accept AIDS patients. Most private physicians too are loath to accept people with HIV infection.

This aversion is often attributed to discrimination, but it may be due more to economics. While patients with insurance are covered for most AIDS-related care, doctors are compensated for only 18 percent of their costs for Medicaid patients.

The effect is predictable. In the entire Baltimore region, only five private physicians specialize in HIV disease. Only two outpatient clinics — the Johns Hopkins Moore Clinic and the gay and lesbian community's **Chase-Brexton Clinic** — care for well over half of all HIV-infected patients in Maryland. Only one hospital devotes a ward to AIDS — Johns Hopkins.

This dearth of health care produces tragic consequences. The few providers caring

for people with AIDS are overwhelmed. Several private AIDS specialists can accept no new patients. The wait for an initial evaluation at the Moore Clinic is 20 weeks! So people who should be receiving treatment are not. A study by the state AIDS Administration found that about 50 percent with AIDS in Baltimore were not treated with AZT to fight the virus, or with drugs to prevent an AIDS-related pneumonia, all "commonly accepted therapeutic standards for . . . treatment and prophylaxis."

The words are those of Dr. John Bartlett, chief of infectious diseases at Johns Hopkins. Dr. Bartlett's division oversees the entire Hopkins AIDS service, including its broad program of AIDS clinical research. He was a member of the Governor's Council on HIV Prevention and Treatment and presented the report there. As he concluded, he was asked for his opinion.

"This is just bad medicine," he said. "It's just bad medicine." Dr. Bartlett's retort was not an ill-considered reproach. For no matter how well intended Maryland's health care and social services delivery programs may be, and no matter how hard the doctors, nurses, social service workers and volunteers toil, a vast number of people who need care aren't getting it, and enor-

11A

The Evening Sun

Tuesday, January 12, 1993

mous amounts of money are being squandered on a system that is falling.

With the dissolution of the Governor's Council on HIV Prevention and Treatment, public discussion of these issues has been severely restricted.

Yet, the governor may have a point when he complains that the council was too narrowly focused.

Perhaps a statewide advisory and policy council is now needed. It could advise not just the governor, but the General Assembly, the state AIDS Administration, local health departments and private service organizations. It could be the statewide forum for public debate and an invaluable resource for information and ideas to address our complex problems.

In any event, substantial steps must be taken to define and address these dilemmas, for if meaningful AIDS prevention programs and comprehensive health care reform are not soon developed, Marylanders may bear witness to people dying in the streets.

Are we prepared for that? If not, then we'd better start talking seriously about snakes.

Garey Lambert is vice chairman of AIDS Action in Baltimore.

Thorny issue returns: HIV name reporting

By Michael Hill
Staff Writer

The Schaefer administration's insistence on having the names of people infected with the AIDS virus is again causing turmoil in Annapolis.

As it did last year, the administration is arguing that those names need to be reported to the health department if Maryland is to fight the epidemic effectively.

But critics say the measure would be counterproductive and actually hinder the state's efforts to combat the disease.

Not only has the proposal run into opposition, it has become another wedge between two groups who both claim they are trying to do what's best to stem the spread of AIDS — the state's health agencies, on the one hand, and advocates for AIDS patients who are still smarting over Gov. William Donald Schaefer's dissolution of the state's AIDS commission.

State health officials say they need the names so they can understand better how and where the disease is spreading, thus allowing them to target prevention programs. Opponents counter that the state would actually wind up with less complete data — because, fearful that their names would be disclosed, people would decline to be tested for the virus.

An administration attempt to mandate by-name reporting

See AIDS, 8B

From 1B

of people testing positive for HIV — the virus that causes AIDS — was stymied last year in the legislature, which instructed the Department of Health and Mental Hygiene to instead come up with a coding system. Known as a unique identifier, the code would allow accurate reporting to the state agency of those carrying HIV without using actual names.

Now, however, the department is saying that it cannot come up with an acceptably accurate code, and it is again asking for the names.

"All we want is to treat AIDS just like we treat tuberculosis, syphilis, and all the other communicable diseases which have name reporting," David S. Iannucci, the governor's chief legislative officer, explains.

But opponents say that AIDS must be treated differently.

"If you have tuberculosis or even syphilis or gonorrhoea, you aren't faced with loss of your health insurance — of your job, of your home — if that fact gets out," Dr. Joseph O'Neill, who treats AIDS patients at the city's Chase-Breton Clinic, says. "But that is the case with AIDS."

Privacy issue

The state currently requires name reporting of those who develop AIDS but not of those who test positive for HIV. People may carry the virus for years before showing symptoms of AIDS.

Those against the by-name reporting say that it would violate the privacy of people who are not yet sick and are in no danger of passing the disease through casual contact. The state currently has 1,944 active AIDS cases, but estimates of the number carrying HIV are in the 15,000 to 18,000 range.

Administration officials say those estimates don't provide enough information.

"All we can get from the AIDS figures is a picture of how the disease was spreading seven to 10 years ago," says Robert W. Eastridge, the deputy secretary for public health.

"For instance, we know from the AIDS figures that the epidemic is spreading among people of color. When this was happening a few years ago, AIDS was still viewed as a

"I feel like I'm blind in trying to design prevention programs for the state."

ROBERT W. EASTRIDGE
Deputy secretary for public health

white gay disease. That was where all our education and prevention efforts were aimed, and the spread of AIDS has leveled off in that community," he said.

"If we had known then about the spread among peoples of color, in black and Hispanic communities, often because of shared needles, we could have been targeting that population years ago.

"And, who knows, maybe now it's spreading among suburban teenagers or something. I feel like I'm blind in trying to design prevention programs for the state."

Those fighting name reporting claim it would actually give the state less reliable figures, arguing that people would be reluctant to get tested if they knew a positive test would cause their names to be reported.

Dr. Liza Solomon of the AIDS Legislative Committee notes what happened when Illinois started requiring HIV tests for marriage licenses, with positive tests reported by name to the state.

"There was a dramatic decline in the number of people getting married and an increase in the number of people crossing state lines to get their licenses," says Dr. Solomon, an epidemiologist on the public health faculty at Johns Hopkins.

The result of such a requirement, Dr. Solomon and others contend, would be to keep people from learning that they have the virus, delaying their treatment and counseling and thus spreading the disease further. And epidemiologists seeking to track the disease would actually be getting worse data than they would under some sort of coded system.

The idea of a code is that any person who tested positive for HIV would be labeled with a set of numbers and letters that would be unique to the individual — so no one

was counted twice — but be obscure enough so the code could not be used to learn the person's name. A Social Security number would not work, for instance, because it is easily traced.

The coding system would have to be designed so that any doctor, clinic or hospital would come up with the same code for any given individual. It might, for instance, be a combination of designated letters from the patient's first and last name combined with certain digits from a Social Security number.

Demographic data — age, sex, county of residence — and perhaps information such as mode of transmission of the disease would be attached to that number, allowing the epidemiological tracking.

But health department officials say that accuracy would be a problem. Mr. Eastridge told the House Committee on Environmental Matters early this session that after extensive testing of several unique identifier systems, none could be found that was simple enough to use while providing an error rate — either misidentifying someone or counting the same person twice — of less than 6 percent, which he said was unacceptable.

He ran into hard questioning from several committee members, who seemed skeptical of his claim that such a system cannot be developed.

Confidential system

Mr. Eastridge emphasizes that if the state gets by-name HIV reporting, those names would go to a totally confidential system.

"We have been keeping names on diseases like tuberculosis and syphilis for years and never had a breach of that confidentiality," he says. "We've had the names of AIDS sufferers since 1983 and the system has never been breached."

In a further attempt to reassure its critics, the administration has pledged that the state would continue to operate 11 anonymous testing centers where patients don't have to reveal their names even to doctors.

But AIDS advocates say that such centers are not nearly as accessible as the many doctors, hospitals and clinics that would have to report names. And they are skeptical that the state would keep them open.

Chase Brexton women's services to benefit from Suede concert

BY ANDREA L. T. PETERSON

Baltimore's premiere clinic for gay men, lesbians and bisexuals, the Chase-Brexton Clinic, has undertaken a campaign to "raise awareness of our commitment to women's health services at Chase-Brexton," says the clinic's executive director David Shippee. A fundraiser featuring pop-jazz vocalist Suede and accompanist David Pearl, to be held on Friday, September 17, at Smith Theatre at the Howard County Community College (Columbia campus), is part of that campaign.

The Chase-Brexton Clinic, which was established in 1977 to provide service to the gay community, currently provides gynecological care and mental health services for women as well as a complete range of services to a wide spectrum of individuals in the Baltimore area.

The clinic has expanded and increased its caseload considerably since its origin. In fact, the caseload for 1993 is estimated to be around 1,500 - nearly triple that of 1991!

Current plans include the expansion of services so that by 1994, when the clinic is expected to relocate into its own facility and undergo significant internal changes, it will become more "primary care and general health oriented."

"If AIDS has taught us anything, it is that we are the most tenacious, inspired, creative, caring, committed survivors on the face of this earth."

RODGER McFARLANE

Chase-Brexton aims to provide adequate facilities to not only address women's health care needs, but also to educate women about their health care rights and risks. Director of Clinical Affairs Carla Alexander maintains that the clinic "is committed to proactive mental health as well as physical health services for lesbian/bisexual women.

Suede, who is committed to doing as many fundraiser events as she can for causes she supports, is "completely and absolutely in support of everything the clinic does." She is looking forward to this particular fundraiser which she sees as "a great opportunity for the men's community to show some support and solidarity with the women's community in general around health issues...the way the women's community has come out in support of the AIDS crisis."

Statistics concerning women's health issues are not as readily available, says Suede. Nor do they seem to be nearly as impressive as those concerning AIDS. "Well over 200,000 have died since [the] AIDS [crisis began]; close to 50,000 women's lives have been lost to breast cancer. "This," she says, "is exactly the sort of thing the Chase-Brexton Clinic is addressing," and it is among the reasons Suede's support of the clinic is so strong.

The increasingly popular pop-jazz singer/songwriter will be accompanied by David Pearl.

Tickets for the Suede benefit concert are \$18 mezzanine, \$25 orchestra, and \$40 reserved center orchestra seating and a pre-concert reception with Suede and are available through the Chase-Brexton Clinic.

Suede concert raises \$3,900 for Chase-Brexton's women's clinic

GAYLE DETWEILER
Assistant Editor

The approximately 250 people who attended the September 17 Suede concert raised about \$3900 to benefit Chase-Brexton Clinic's Women's Health Services Program, according to Erica Spradlin, Director of Marketing at Chase-Brexton. Suede, Spradlin said, was very generous and gave Chase-Brexton a "big break" in her fee, as the entertainer herself is very committed to lesbian and bisexual women's health issues.

Lately, the special needs of lesbian/bisexual women have begun to be recognized by health organizations within the gay community. For instance, the Whitman-Walker Clinic in D.C. offers lesbian health days once a month, a lesbian health clinic twice a month, a lesbian resource and counseling center, a black lesbian support group, lesbian HIV services, a lesbian care foundation, and a workshop on sexuality and communication entitled, Stay Wet, Wild & Well.

Spradlin said that Chase-Brexton is "really, really trying to expand [their services] beyond the HIV infected population." Up until recently, women calling Chase-Brexton for health appointments might have been told, as this reporter was five months ago, that Chase-Brexton's services are only for those who are HIV+. A recent call, however, revealed that they had changed this policy. They currently offer gynecological services on Mondays from 1 p.m. to 4 p.m. and on every other Tuesday evening. Call 410-837-2050 to make an appointment.

Many lesbians feel uncomfortable going to see a regular gynecologist, Spradlin explained, because of the nature of the questions they are asked. Such questions include: are you sexually active? Do you use birth control? Why not? Furthermore, many women who do visit gynecologists do not then seek other primary forms of health care. There are also unique mental health

challenges that lesbians face, including a higher incidence of alcoholism and smoking.

There are still a lot of unknown numbers in the lesbian/bisexual woman's health equation. Women in general, and lesbians in particular, have been invisible and ignored in our health system for a long time, from their exclusion in drug trials to a lack of funding for female related illnesses, e.g. breast cancer.

Dr. Carla Alexander, Clinic Director at Chase-Brexton, is planning to do a "very short" anonymous survey at the women's health fair in Baltimore on November 6 in hopes of ascertaining what, exactly, the sexual practices of lesbian-identified women in Baltimore are. Three previous studies in other cities revealed that upwards of 40% of lesbian-identified women had had sexual intercourse with men within the previous three months. These results worried Alexander and led her to wonder what are the "real" risks of HIV infection among the lesbian population as opposed to the "assumed" risks?

In addition to their GYN Clinic, Chase-Brexton recently hired a nurse practitioner who will provide primary/whole body care for lesbian/bisexual women. They can not perform mammograms but they can refer patients to another office downstairs in the same building for an appointment.

Chase-Brexton also intends to add two therapy groups to their mental health line-up by November; a group for lesbian/bisexual adult survivors of sexual abuse, and a support group for women who are HIV+. They will also be continuing the mental health services, individual and couple's counseling, that they already offer. Call 410-837-2050 for information on any of the clinic's mental health services.

VOLUNTEER

First annual Lesbian/Bisexual Women's Health Fair

GAYLE DETWEILER
Assistant Editor

Stress, substance abuse, legal concerns, domestic violence, prejudice, political realities, coming out.... These are some of the mental and physical health issues particular to lesbian and bisexual women that will be addressed at the first annual Lesbian/Gay & Bisexual Women's Health Fair to be held Saturday, November 6 at the Waxter Center, 861 Park Avenue, Baltimore, from 9:30 a.m. to 4 p.m. with registration at 8:30 a.m.

The event is an outreach program of the Gay & Lesbian Community Center's Health Programs but was organized chiefly through the efforts of four

women: Sharon Gorenstein, Chair of the Health Programs committee, Ava Prater, Pat Paluzzi, and Theresa Breschel. This team was assembled over the last nine months by a slow process of accretion.

Meikel Berry, an African-American poet who has since left Baltimore, was instrumental last November in reviving the then defunct Health Programs of the GLCCB. The new committee, according to Theresa, spent two months defining their goals and came up with three subcommittees: Women's Health, Substance Abuse, and HIV/AIDS Education and Outreach. Members of the Women's Health subcommittee started talking about a health fair but it wasn't

until the late spring, after various subcommittee members had dropped out and Sharon and Pat came on board to create the foursome, that the concept began to take material shape.

"We said, 'Let's stop talking about it; let's do it,'" Sharon remembered.

"Then, little by little." Theresa said.

"things unfolded beautifully. In May, we got together and divvied up responsibilities."

Each of the four women had different contacts and specialties which helped to create an eclectic program for the fair. The fair will feature 18 different 50 minute workshops plus information tables and free gynecological appointments. A different workshop will be held on each floor of the Waxter Center, starting at the top of every hour, beginning at 10 a.m. to 3 p.m. Workshop topics include Lesbian Parenting I & II, Safer Sex, Relationship Dynamics I & II, Coming Out I & II, Legal Concerns, Menopause/Ageism, Stress Management, Non-traditional Medicine, Political Activism, Lesbian Battering,

Yoga, Meditation I & II, Access to Health Care, and Substance Abuse.

Over 100 women are volunteering their professional talents, *pro bono*, to pull off this event. There will be counselors, therapists, doctors, nurses, midwives, alternative health practitioners, massage therapists, and a yoga instructor. The health fair is co-sponsored by the Gay & Lesbian Community Center of Baltimore and Chase Brexton Health Services, with additional support from Planned Parenthood of Maryland, the Baltimore City Health Department, the Baltimore Chapter of P-FLAG. Special thanks go to the Waxter Center for donating their facilities.

The Waxter Center is handicapped accessible and free parking is available in a lot behind the building. MTA bus lines serving the Waxter Center are Numbers 3, 11, and 31. Childcare will be available at no charge and continental brunch, lunch and snacks will be available on a sliding fee scale.

On-site gynecological services include HIV and STD testing, breast exams, and PAP and pelvic exams. In order to ensure the availability of materials and to schedule GYN appointments in advance, please call the GLCCB at 410-837-5445 to pre-register. For more information or to volunteer to help with the fair contact Theresa, 276-6924, or Sharon, 243-8450.

Note: The committee still has a dream of being able to feed everyone who attends for free but they need \$\$. If you'd be willing to donate, \$10, \$25, \$50 to lower the cost of the food, please contact either Theresa, Sharon, or the GLCCB.

Workshops

Hour	Session A	Session B	Session C
10:00 - 10:50 a.m.	Lesbian Parenting I	Safer Sex	Relationship Dynamics I
11:00 - 11:50 a.m.	Coming Out I	Legal Concerns	Menopause/Ageism
12 Noon - 12:50 p.m.	Stress Management	Non-traditional Medicine	Finding Your Voice/Political Activism
1:00 - 1:50 p.m.	Lesbian Battering	Yoga	Meditation I
2:00 - 2:50 p.m.	Lesbian Parenting II	Access to Health Care	Substance Abuse
3:00 - 3:50 p.m.	Coming Out II	Meditation II	Relationship Dynamics II

The coordinators of the health fair: (left to right) Ava Prater, Sharon Gorenstein, Pat Paluzzi, & Theresa Breschel.



Mission Statement

Women who share their lives with other women have long been overlooked by the health care system. This health fair is our opportunity to take advantage of clinical and educational resources which address the needs of gay and bisexual women. We encourage the health care community in the Baltimore area to be more inclusive in their provision of care to all women.

BGP
October 15, 1993

Magnificent Minnelli sings a battle hymn against

Six years ago, 11 concerned people made a commitment to help in the fight against the HIV/AIDS epidemic. That commitment is called Lifesongs and the committee, although incorporated and much larger now, still has the same goal.

During those years they've raised more than \$750,000 from their annual concerts. This year's concert at the Baltimore Arena starred singer **Liza Minnelli**. She belted out songs as only she can do. There was a \$100-a-person VIP party prior to the performance, which the star didn't attend. I was told she was relaxing in her flower-laden dressing room doing her nails and playing with her cairn terrier, Lily.

I asked several people, including Lifesongs president **Bonnie Serpick** and Lifesongs co-chair **Eileen Abato**, what Ms. Minnelli charged and all I got was, "Well between \$150,000 and \$300,000 would be a ballpark figure for someone like her."

Others at the party were Channel 2 news anchor **Beverly Burke** who emceed the intros. On her arm was a very funny guy, who turned out to be **Andre Brown**, a Baltimore-born and bred comedian, who has appeared at most of the best comedy clubs; **Dot** and **Henry Rosenberg**, he's CEO Crown Central, and Dot's daughter and son-in-law **Mary Ellen** and **Tim Fuller**, and Tim's mom, **June**; **Donna Ledwin**, Notre Dame College;

Sam Davis, Maryland Food Committee; **Carol** and **Bill Hawtof**, she's secretary of Lifesongs; **Rob Schunck**, former bartender at Harrison's Pier 5 who now works for the Abacus Corp.; **Boogie Weinglass**, who was surrounded by people upset about the way he has been treated by the NFL, the Maryland Stadium Authority and the governor; **Beth Goldsmith**, the widow of Boogie's Merry-Go-Round partner, Harold, who flew in from Aspen for the event; **Dr. Oscar Camp**; **WLIF's Sloane Brown** and her husband, **Dr. Steve Sobelman**, and **Ronnie Levin**, Garon's.

Others I spotted at the arena were **Susan Duval**, actress; **Stanley Levinson**, who owns a funeral home; **Loretta** and **Allan Garfinkle**, he's an attorney; and **Nelson Schreter**, who told me that his dear friend and **WBAL** interviewer **Elane Stein**, has been a bit under the weather suffering with a broken vertebrae.

One word about **Liza's** performance. She received a standing ovation after she sang, "The Day After That," from the Broadway musical "Kiss of the Spider Woman." She has recorded this song as part of a campaign to raise public awareness and funds for AIDS research. She is supposed to address the United Nations on Wednesday, World AIDS Day, where she will sing the song, accompanied by a special choir. She's hoping this song will become the

SYLVIA

BADGER



anthem for the war against AIDS.

It seems such a short time since the mid-'80s, when **WBSB-FM** better known as **B-104** was the leading radio station in this market — the home of bad boys **Brian** and **O'Brien**. Since then, there was a format change, **B-104** became **WVRT-FM**, **Variety 104**, and then **Scripps Howard** sold the station to **Capitol Broadcasting**, which owns **WMIX-FM 106.5**.

Capitol officially takes over next Friday, and at that time 21 of the station's 23 employees, will be looking for jobs. (Everyone will receive severance pay from **Scripps Howard**.) There are three people still at the station who were there when **B-104** went on the air in April 1980 —

AIDS for Lifesongs '93

er. Call (410) 938.1

Hot Air?

LifeForce Challenges AIDS Doctors in Dispute Over Use of Hyperbaric Oxygen Therapy

Both doctors and AIDS activists are voicing concerns about a new facility that treats some of the symptoms of HIV infection with hyperbaric oxygen therapy, a treatment under which patients receive 100 percent oxygen in a pressurized chamber (CP, 10/1).

An article written by three doctors in the December 1993 *Baltimore Alternative*, as well as doctors quoted in an article in *The Sun* on November 28, raise concerns that the oxygen treatment offered by LifeForce, on Morton Street in Mount Vernon, has not been medically proven. Dr. John G. Bartlett, chief of the division of infectious diseases at the Johns Hopkins Medical Institutions; Dr. Carla Alexander, the medical director of Chase-Brexton Clinic, an AIDS clinic; and Dr. David A. Wheeler, medical director of the adult HIV program at the University of Maryland Medical Center, begin their article in the *Alternative* with a cautionary quotation: "There is nothing edible or potable in the world which has not found somebody or other to eat it or drink it as

a sovereign remedy for some disease, and upon recommendation of some physician."

Although, they write, "there is at least some theoretical reason to think [hyperbaric oxygen treatment] might be helpful," they conclude, "We feel that hyperbaric oxygen is unproven, expensive and in desperate need of a proper study to know if it is harmful or helpful." The three charge that the therapy could cause seizures and sinusitis in some patients, and should be administered in the presence of a doctor, which LifeForce does not do.

Some members of the Baltimore AIDS activist community are equally concerned. Lynda Dee, an attorney and president of the activist group AIDS Action Baltimore (AAB), says, "Hyperbaric oxygen slipped through without as much scrutiny as other things.... With three treatments a week at \$125 a session, that's twenty grand a year.... People should try what they want, but they ought to be aware of false claims."

John Stuban, president of the People With AIDS Coalition and a founding member of ACT UP/Baltimore, is more succinct, saying, "Don't pay someone \$125 an hour to be a guinea pig."

Michelle Reillo, a nurse who is president of LifeForce, counters that hyperbaric oxygen therapy is an accepted form of treatment for certain symptoms of HIV infection, such as anemia, chronic fatigue, and peripheral neu-

ropathy—a condition in which circulation in the small blood vessels is hampered and which is a side effect of antiviral drugs such as AZT.

"My argument to [critics of the therapy] is we have data we shared with you in confidence, and we've been here," says Reillo. "What is most upsetting is we provided AIDS Action Baltimore and Garey Lambert [vice president of AAB and editor of the *Alternative*] preliminary data on our patients and asked them to come over and they didn't."

Reillo says Chase-Brexton's Alexander did visit the clinic, but "I haven't seen Lynda Dee over here." She also says she has offered to collaborate with both Bartlett at Hopkins and with doctors at Chase-Brexton.

"I said to Bartlett and Chase-Brexton, 'Send patients over and we will pay for the treatments and the lab work.' And they have not done it," Reillo says. "Isn't the bottom line quality of life? What's the problem?... I haven't we had enough? Why are we fighting here? What happened to the common goal of having people live as long as we can? It's so petty and juvenile, and it's enough."

Alexander says she visited LifeForce and received documents from Reillo, but says she was not convinced. "As far as I'm concerned, there's not a lot she could say," Alexander says. "There really needs to be a controlled study. She means well, and a lot of people do say that they feel better. No one wants to stand in the way of feeling better." Alexander says, though,

that her concern is that the treatment may be unsafe for those who are HIV-infected. "I'm afraid that high levels of oxygen can increase the severity of the disease," Alexander says. "We don't know enough about it."

Dr. Wheeler agrees. He says he would not refer his patients to LifeForce because "I'm not convinced right now that it's the right thing to do. [However,] I'm very open to studying it." He says that if he felt Reillo were conducting a "well-thought-out study, then I would participate in that. But to simply put [patients] through hyperbaric oxygen in an uncontrolled study, it takes time and money and there are some risks."

Wheeler says that he himself hopes to collaborate on a study of the treatment at the University of Maryland. "I'm not at all opposed to Michelle or opposed to hyperbaric oxygen," Wheeler says, "but it's such an expensive intervention, it's important to really think through if it really has a benefit. Not saying anything against Michelle, but the owner of an expensive piece of equipment is not the person to objectively measure a benefit of that equipment."

Reillo scoffs at the AIDS doctors' projected yearly cost of the treatment. "It gets higher every time I hear about it," she says. In fact, using LifeForce's recommended schedule of treatment of three times a week for two months

and then twice a week thereafter, the total comes closer to \$14,000 than to the doctors' estimate of \$20,000.

Reillo points out that the figure of \$125 is what LifeForce bills insurance companies, but is not necessarily the price that her company always receives. "We accept what patients pay," Reillo says, "even if they're indigent."

Furthermore, Reillo says she never has seen oxygen toxicity (which may cause the seizures mentioned by the three doctors in the *Alternative* article) in any of her patients. "It's very rare," she says, "and I have never seen it." As for patients with sinus problems, she says, "they can take Sudafed before the treatment. It is inaccurate to say that [hyperbaric oxygen therapy] can cause sinusitis."

Dr. Janet Horn, an internist who has patients who are undergoing the therapy, agrees that it probably is not harmful to those who do not have a sinus condition. "If patients are watched carefully," she says, "there's no reason to think it's harmful, but we don't know the long-term effects." Horn says she has not seen the lab results of any of her patients, nor has she seen the results of the University of Maryland's Shock Trauma Center study on hyperbaric oxygen treatment for AIDS patients that Reillo conducted with a collaborator, Dr. Roy Myers. However, echoing what Myers has said previously, Horn says she would like to see a study done with a control group.

"I think patients need to be warned that it's not a proven therapy yet," Horn says. Yet, she adds, "when patients wish to seek a treatment that's outside a usually approved treatment, that's their decision." Horn says she does not endorse it, however.

Dr. Raymond J. Altieri, the medical director of LifeForce, contends, "Comments have been made by people who have not worked with this. They don't know what it is or what it does." Altieri became convinced of the treatment's effectiveness, he says, because "clinically, the AIDS patients who were receiving treatments felt a lot better. They were less tired, had more appetite, their anemia and peripheral neuropathy improved." He says LifeForce currently is carrying on its own research into the matter.

Reillo released to *City Paper* the lab findings of one of her patients. The results support her controversial contention that the oxygen therapy actually can reduce the number of the human immunodeficiency viral particles in the blood. Horn, however, warns, "One [patient's treatment] may work, the next may not." Dr. Joseph O'Neill, director of research at Chase-Brexton, agrees. "We need a controlled, comparative study large enough to really determine a positive effect," he says. Patients who vouch for the therapy, O'Neill says, could be experiencing a placebo effect.

The voice of reason may come from a patient who just has begun the oxygen treatments. Bill Lowry, who has known he was HIV+ since 1989, says, "It's true that we need to study it." In answer to objections over the treatment's cost and other concerns raised by doctors, he says, "I'm not sure it's any more expensive than a lot of other things. The medical profession seems to take a fairly conservative view on things, and I suspect that's okay. They follow their own modes, and they're not trained in using alternatives."

As an explanation for why there has been more research on—and more of a push from doctors for—AIDS-treatment drugs as opposed to other forms of treatment, Lowry suggests, "The medical profession is funded a lot by pharmaceutical companies. They've got a lot of advocates. We haven't had that with hyperbaric oxygen and nutritional therapies and so on."

Lowry, who stopped taking AZT because of its side effects, says he has heard enough positive comments from acquaintances about the oxygen therapy that he is willing to try it.

Reillo says the final vote on the treatment will come from her patients. Of her offer to collaborate with doctors to study the treatment's effects, she says, "The invitation is still there." ■

SONO MOTOYAMA

Health Fair for Lesbians & Bisexual Women Planned

BY MARIA HAMMONTREE

THE ALTERNATIVE

The First Annual Lesbian/Gay and Bisexual Women's Health Fair will be held at Baltimore's Waxter Center on Saturday, November 6. Registration begins at 8:30 that morning. The Health Fair, which will include free workshops, gynecological services and entertainment by the popular music group Girls Just Want to Play Drums, will conclude at 4:45 p.m. Those attending can also visit vendors and take advantage of the child care services on-site. The Waxter Center is located at 861 Park Ave. in Mount Vernon.

Since the spring, the Gay and Lesbian Community Center of Baltimore and the Chase-Brexton Clinic have worked to organize the event along with Planned Parenthood of Maryland, the Baltimore City Health Department, the Baltimore Chapter of P-FLAG, and the Waxter Center. Approximately 150 women are expected to attend workshops covering a spectrum of issues: coming out, partners' legal concerns, lesbian parenting, menopause, woman-on-woman battering, political activism, access to health care, and non-traditional medicine. Other workshops will cover substance abuse, relationship dynamics, yoga and meditation.

After being dormant for years, the GLCCB Health Programs Committee was shaken awake by local poet Meikel Berry. During each of her poetry readings she would ask for volunteers to work on the committee. After her lover's death due to

breast cancer, Berry was eager for the Committee to identify the health needs of women and, she says, "just do something."

Pat Paluzzi, Chase-Brexton's representative on the organizing committee, said, "We found problems with access to gay-friendly providers and appropriate care. Even [medical] chart forms are based on assumed heterosexuality." The fair's organizers found that women needed to perceive their own health needs, including lesbians' risk of sexually transmitted diseases and, as a group less likely than heterosexuals to have children, their increased vulnerability to breast cancer and endometriosis. They needed education, counseling, and care that would be affordable.

Theresa Breschel of the GLCCB's Health Programs Committee outlined two goals for the health fair: "First, make the services available immediately, and then show women where they can go to continue getting care they deserve." The committee also sees the fair as a way to show Baltimore's health care providers how to be inclusive in providing their services.

In that spirit, Chase-Brexton is using the fair to launch its expanded services to women. Every other Tuesday the clinic will provide gynecological services; other programs will include counseling, group therapy and substance abuse treatment programs.

To ensure the availability of materials and to schedule gynecological exams in advance, call (410) 837-5445 to register.

More than 200 attend first women's health fair

The first annual Lesbian/Gay & Bisexual Women's Health Fair, held at the Waxter Center on Saturday, November 6, was a huge success. The event, an outreach program of the Gay & Lesbian Community Center of Baltimore (GLCCB), was organized chiefly through the efforts of four women: Sharon Gorenstein, Ava Prater, Pat Paluzzi, and Theresa Breschel.

"The feedback has been really positive," Paluzzi said. "People are jazzed about it."

Two hundred and forty women attended the day-long event which offered workshops, information tables, gynecological exams, and HIV screenings. Childcare, breakfast, lunch and snacks were also provided.

The workshops, whose topics ranged from "coming out" to "stress management" to "menopause," were each attended by an average of 20 women. Forty gynecological exams and 22 HIV screenings were completed during the fair.

Lynne Weise, a human sexuality educator at the University of Maryland Baltimore County (UMBC), and Laura Hardesty, a case manager at the Chase-Brexton Clinic, led the Safer Sex Workshop, discussing the biggest barrier to safer-sex: the brain. Deborah Greener and Lina Ayers co-facilitated the Parenting I workshop, deciphering the logistics of adoption, foster care, and fertilization. Alice Aldrich, a physician's assistant, discussed her own menopause - "flushes, flashes, and flooding" - in the Menopause/Ageism workshop.

"The workshops were really rocking," Breschel commented. "It's very clear that there is a great need [for lesbian health care] that hasn't been met."

The organizers were most pleased by the diversity of the crowd which consisted of women of all ages, races, and socioeconomic backgrounds.

"We didn't want to be just 'preaching



Laura Hardesty talks about the joys of colored SaranWrap at safer sex workshop.

to the privileged'," Paluzzi said.

The organizers are already looking to the future and debating the scope of their next event. They definitely plan to hold a fair again next year and are even looking into producing a smaller event every three to four months.

"We won't be as ambitious in the future," Breschel noted, referring to the organizers' successful attempt to address many issues in a day-long totally free fair. "We'd like to focus more on one topic - for example, breast cancer - for half a day every three months."

In the next month, the organizers will be calling the workshop leaders to receive feedback and reviewing the surveys that were returned by the participants in hopes of receiving some kind of direction for their next affair. If you are interested in joining in the efforts, or have a particular professional expertise you could offer *pro bono*, give Pat Paluzzi a call at 366-0032.

Clinic to buy Cathedral St. building

By Timothy J. Mullaney
Staff Writer

Chase-Brexton Clinic Inc. said it will buy the 20,000-square-foot office building at 1001 Cathedral St. by the end of the month, giving the city's second-biggest AIDS clinic needed expansion space and generating a new use for a building that had been foreclosed upon.

"We've been looking for over a year; it's right in the neighborhood, so there's very little disruption to our patients," Chase-Brexton marketing

MARTIN: NASA investigating Martin Marietta

From Page 13C

AIDS treatment center expanding

director Erica Spradlin said. "The great thing is that there's room for growth. We've tripled our staff size, volunteers and patients in the last two years."

The clinic now occupies 6,800 square feet in the Medical Arts Building at Read and Cathedral streets and serves 1,300 patients, Ms. Spradlin said. Figures from the Baltimore City Health Department estimate that about 20,000 people in Baltimore are infected with the human immunodeficiency virus, which

causes AIDS.

Chase-Brexton signed a contract on the building last month and will close on or about Dec. 29, Ms. Spradlin said. The clinic agreed to pay Signet Bank/Maryland \$550,000 for the four-story structure. It houses an art gallery, an architecture firm and a photography studio but is still more than half-empty.

The building was renovated in the late 1980s by G. W. Helfrich Inc. It was 80 percent vacant when Signet bought it back at a foreclosure auction for \$700,000 last December.

The clinic will initially move into two floors of the building and expand into the rest as existing tenant leases expire, Ms. Spradlin said. She said the clinic hopes to increase its patient base by about 400 once more space becomes available. The group is still raising money to pay for \$240,000 of interior renovations.

FOREIGN MARKETS

	Yester- day	Prev. day	1993 High	1993 Low
Amsterdam (c)	260.2	262.2	270.0	199.0

Baltimore AIDS Clinic Expanding

Chase-Brexton Needs Space to Treat Growing Patient Load

BY CATHY HINEBAUGH

Daily Record Business Writer

Baltimore's only independent AIDS clinic is moving its operations to a larger facility in order to handle its increasing patient load.

Chase-Brexton Clinic is relocating its HIV treatment center to a 20,000-square-foot building near its current office at Cathedral and Read streets, said Erica Spradlin, the clinic's director of development.

Chase-Brexton signed a contract last month to purchase the four-story building at 1001 Cathedral St. for \$550,000, Spradlin said.

The move gives Chase-Brexton an additional 3,000 square feet with the option to use more as its patient load increases. The clinic plans to occupy the building's third and fourth floors immediately, and rent out the rest of the space, Spradlin said.

"We hope to be able to serve 400 more patients" than the 1,300 already being cared for by Chase-Brexton, Spradlin said.

While Chase-Brexton is Baltimore's only independent HIV and AIDS clinic, it

is considerably smaller than similar clinics at Johns Hopkins Hospital and the University of Maryland Medical Systems. Established in 1972 as a community services center for gays and lesbians, Chase-Brexton incorporated in 1988 when the AIDS crisis became full blown.

It now has operating revenues of \$2.4 million and is funded largely through government and private, community support. Just 20 percent of the clinic's patients

are privately insured, and 50 percent have no medical coverage, according to Spradlin.

The clinic currently occupies 6,000 square feet in Mt. Vernon's Medical Arts Building.

Chase-Brexton's new offices are on the national historic register. The clinic purchased the building from

Signet Bank, which foreclosed on the previous owner last year, Spradlin said.

Chase-Brexton is financing the building's purchase price, but is currently raising funds to renovate its third and fourth floors, which were gutted in a fire several years ago, Spradlin said.

"We hope to be
able to serve
400 more
patients."

ERICA SPRADLIN



AIDS Effects

Your Nov. 28 article on the use of hyperbaric oxygen therapy for patients with AIDS was, for the most part, objective and even-handed. We feel obliged, however, to point out that the subtitle, "Doctors divided on effects on AIDS," misrepresents not only the opinions expressed by physicians interviewed in the article but of most other physicians caring for patients with HIV infection as well.

In fact, there is little disagreement among local AIDS specialists regarding the use of hyperbaric oxygen in HIV-infected patients. We are skeptical of its benefits, concerned about its costs and potential risks, and have serious reservations regarding the ethics of marketing an expensive, time-consuming and unproven therapy to often desperate patients.

It is for these reasons that, while we would not stand in the way of a patient determined to access such treatment, we do not prescribe it ourselves. When we prescribe a therapy, we must believe that what we prescribe does more good than harm and is an appropriate use of personal, private and public resources. In the case of hyperbaric oxygen and HIV disease, there is no basis for that belief.

We would support any effort to conduct clinical studies designated to answer these questions, and would encourage our patients to participate in them. As with all other experimental therapies, however, neither patients, insurance companies nor Medicaid

should be expected to bear the cost of this research, nor should it be conducted by individuals with financial interests in its outcome.

One need only look to recent editions of this newspaper to understand the damage that can be done when these considerations are ignored. Physicians who were skeptical of weight loss programs based on regimens of saline injections were not suggested to be conservative, narrow-minded and uncaring. On the contrary, their skepticism demonstrated the sound judgment which society expects from its health care professionals. Our skepticism with respect to hyperbaric oxygen treatment should be viewed similarly.

We, and the institutions we represent, expend considerable effort to find and make available a wide variety of experimental HIV treatments in the setting of clinical research protocols. We would be delighted to find, as a result of such a study, a benefit for our patients from this (or any other) HIV treatment. Until that time, we must use the available scientific data and our best judgment in determining a course of treatment, and encourage our patients to do the same.

Joel E. Gallant

Joseph O'Neill

Baltimore

The writers are, respectively, director of the HIV Clinic at the Johns Hopkins University School of Medicine and the director of research for the Chase-Brexton Clinic.

AIDS clinic to buy Girard's building

The Chase-Brexton AIDS clinic will purchase the 22,000-square-foot Girard's

building from Signet Bank and plans to occupy nearly half the space there.

The non-profit clinic will pay Signet \$550,000 for the four-story building at 1001 Cathedral St., and it's trying to raise another \$240,000 building out the top two, fire-damaged floors, clinic representatives said in a statement this week.

Chase-Brexton had outgrown its 6,000-square-foot space in 101 W. Read St. and was on the leasing market for more than a year. It has a staff of 54 people and handles a caseload of about 1,300 patients with HIV disease or AIDS.

The building's top two floors have been empty since a fire gutted the exclusive Girard's nightclub in the late 1980s. Signet had bought the building back at foreclosure from its previous owner, developer George W. Helfrich.

The price paid by the clinic amounts to about \$25 a square foot. W.C. Pinkard & Co. Inc.'s Andy Andrews brokered the deal.

HEALTH CARE



Growth in City's HIV Population Spurs Clinic's Move to Larger Quarters

Chase-Brexton Buys Building To Treat 400 Additional Patients

One of Baltimore's earliest HIV treatment clinics is moving to a larger building in order to handle its rapidly growing patient load.

Last month, **Chase-Braxton Clinic** signed a contract to purchase the four-story, 20,000-square-foot building at 1001 Cathedral St. for \$550,000, according to Erica Spradlin, the clinic's director of development.

The clinic plans to occupy the building's third and fourth floors immediately, and will rent out the rest of the space until it is needed, Spradlin said.



The Chase-Brexton Clinic is moving into this four-story building in Baltimore to accommodate its growing patient load.

"We hope to be able to serve 400 more patients" than the 1,300 already being cared for by Chase-Brexton, Spradlin said.

Chase-Brexton is Baltimore's only independent HIV and AIDS clinic. Established in 1972 as a community services center for gays and lesbians, Chase-Brexton incorporated in 1988 when the AIDS crisis became full blown.

It now has operating revenues of \$2.4 million and is funded largely through government and private, community support. Just 20 percent of the clinic's patients are privately insured, and 50 percent have no medical coverage, according to Spradlin.

The clinic currently occupies 6,000 square feet in Mt. Ver-

Activist sticks to cause, despite a losing fight with AIDS

Stuban inspires many in Baltimore

By Holly Selby
Staff Writer

AIDS activist John Stuban's grating, gravelly voice disrupts meetings, dominates public demonstrations and appears City Council members, political appointees, doctors and friends alike with the precision and sometimes the pain of a dart hitting its target.

Since 1987, when Mr. Stuban whirled into town from New York, a cyclone of anger and outrage at what he decried as discrimination against people infected with HIV, those involved locally in AIDS programs have, like it or not, listened.

As founder of ACT UP Baltimore, a member of the Greater Baltimore HIV Planning Council and chairman of the city's People With AIDS Coalition, the 37-year-old's jeans-clad figure sometimes seems to be everywhere at once.

In recent months, however, the virus Mr. Stuban has taken on as a political cause has exacted a heavy personal toll. Since June, he has been diagnosed with three opportunistic infections, all of which prey on immune systems weakened by HIV and any one of which is an ominous sign of AIDS.

With characteristic directness, Mr. Stuban looks a visitor in the eye and says: "We're not talking about warding off the onset of AIDS here anymore. We're talking about warding off death."

The activist's falling health has caused a ripple of worry among some members of the AIDS community. "The great fear now is he is having trouble, and how long can he do this? There is no heir apparent," says Gary Lambert of AIDS Action Baltimore, an advocacy group.

"It's been real tough watching John get sick. I think he was seen as somewhat invincible," says his long-time companion, Merle McCann, president of the board of directors at Chase Brexton, an AIDS clinic, and a psychiatrist in private practice.

"People thought as long as John was active and healthy and yelling at people, it would be OK. But John is dying."

A political upbringing

Born in Berwick, Pa., in 1956, Mr. Stuban grew up steeped in politics. His father, Ted, who retired two years ago, was a mayor, a City Council member and a state legislator. As children, John and his older sister, Kathy, pitched in during their father's campaigns.

"We grew up very close. Our family was always involved and always worked together," says Kathy Duda. Mr. Stuban's sister, who drives to Baltimore from Springfield, Va., three or four times weekly to visit.

Even as a youth, says Mr. Stuban's mother, Vee, her son was disconcertingly direct. "He's honest with you whether it hurts or not — even with us," she says. "But he is as strong in his love as he is in his words or actions."

Mr. Stuban first attended Lycoming College in Williamsport, Pa., and ultimately received a political science degree from Hunter College in New York City.

In the years after graduating, Mr. Stuban lived a fast life. Days were



MICHAEL LUTZKY/STAFF PHOTO

John Stuban, a longtime AIDS activist, gets blood at the Chase Brexton Clinic on Read Street.

filled with graduate-level political science classes at New York's City College, political voluntarism, gay activism and work as a partner in a small catering company.

Nights, though, were filled with designer drugs, "acid" and wild dancing that sometimes went on for days. It was during this time, while vacationing in Rehoboth, Del., that he met Dr. McCann and began a relationship that would provide direction and purpose, Mr. Stuban says.

But as early as 1981, Mr. Stuban had lost a close friend to the "gay disease" and came to the realization that he, too, was likely infected with the then-undiscovered illness.

Some time in 1985, he tested positive for the human immunodeficiency virus. The moment wasn't memorable because he had become fatalistic. "By then it didn't matter," he says. "I had buried a lot of friends."

Raw from the early ravages of the epidemic in New York's fast-lane gay circles, Mr. Stuban moved to Baltimore to live with Dr. McCann, bringing with him anger and the in-your-face tactics of big-city activism.

"Very early on, I decided it was probably in my best interest to live this illness — and that meant making my life a part of HIV," says Mr. Stuban. "The cost of not being active is dying. The more I act, the more alive I am."

In his headlong rush into action, Mr. Stuban swept Dr. McCann, who is HIV negative, along with him. Before they met, Dr. McCann says, "I was plugged into my professional life. Getting up and going to work and coming home and going to bed. Especially since I was a psychiatrist, I thought I was helping people all the time. But now I think that's not enough."

Even Stuban/McCann parties are vehicles for the cause. Guests are often asked to make a donation to a specified AIDS program. At the crowded gatherings, drag queens rub elbows with straight doctors who specialize in care of acquired immune deficiency syndrome, and city

politicians network with constituents too numerous to ignore. "The most amazing thing about his parties is the people," says Mark Shaw, a spokesman for ACT UP. "You have 19-year-old kids with HIV next to 85-year-old women dressed in Chanel."

In 1989 at a Gay Pride Day gathering, Mr. Stuban presided over the first meeting of ACT UP Baltimore, part of a national network of organizations known for acts of civil disobedience. Since then, local ACT UP events have included picketing the mayor's house, delivering a coffin filled with petitions to City Hall, and staging loud protests anywhere its members felt their cause would be advanced.

"What John did is he empowered us, and that's the greatest gift," says Mr. Shaw, who attended the first gathering.

Conscience of council

Three years ago, Mr. Stuban was appointed by Mayor Kurt L. Schmoke to the Greater Baltimore HIV Planning Council, a 30-member committee that decides how Ryan White funding should be spent. The Ryan White Act allocates federal funding to state and local AIDS programs.

"He is the conscience of the [Ryan White] council. He probably knows more about AIDS in Baltimore than any other single person. He knows the disease, he knows the players, and he knows the funding," says Dr. John Bartlett, director of the infectious disease division at the Johns Hopkins Medical Institutions and co-chair of the council.

But throughout these years, patterns of substance abuse set by Mr. Stuban in New York were getting out of hand — as was his rage. "I was unreasonably hurting people, and every morning I'd say, 'I'm not going to drink,' but I would before noon," he says. On Jan. 30, 1990, Mr. Stuban joined Alcoholics Anonymous and, he says, still attends AA meetings almost every day.

And since then, acquaintances say that something — AA, the pas-

sage of time or ill health — has softened Mr. Stuban a little.

"I think he got more broad-minded as time passed. He didn't get less abrasive in general, but instead of just screaming and shouting he began saying, 'All right, let's see how we can do this,'" says Indra Kotval, director of client care at the Health Education Resources Organization (HERO), which has been a target of Mr. Stuban's ire.

Still, some critics say that his blunt style sometimes backfires and offends those who might otherwise be persuaded to help people with AIDS.

"For my purposes, sometimes he crosses the line," says City Councilman Carl Stokes, who co-chairs the Greater Baltimore HIV Planning Council. "I don't disagree with his issues. I think sometimes he pushes it a little too far."

"By now he would have offended just about everyone," says Brenda Priddy, Baltimore's AIDS coordinator, to whom Mr. Stuban once presented a coffin in protest of what ACT UP called the city's unresponsiveness to the epidemic.

"A lot of people think, 'He's loud. He's not logical. I'm going to put him in the loud/obnoxious/dismiss-him category,'" Ms. Priddy says.

"If you don't know John's soul, you would misinterpret him. But if you know his soul, you know that he truly stands behind what he says and he is oftentimes right."

"They are afraid"

Every day now, Mr. Stuban goes to the Chase Brexton Clinic for health care.

His focus has changed with the demographics of the epidemic, he says. "In the beginning I fought for my friends who were dying and for myself. Now I worry whether all people have the same access to care. ...

"People say, 'I would like to be like you and stand up for things.' They could do it if they wanted."

"They are afraid. I could be ahead in life if I had played the game. I didn't. But I can sleep at night."

Lesbians Remain in the Closet About Abusive Relationships

BY MARIA HAMMONTREE

THE ALTERNATIVE

Spousal abuse has received a good deal of attention in the mainstream media, on the news, and even among local legislators. But the lesbian community still silences the issue, hindering our ability to care for our battered members and making lesbians one of the least likely groups to use the available legal and social resources.

Esther Margolius, staff therapist at the Chase-Brexton Clinic, finds people's willingness to believe certain myths has contributed to a general denial of the reality of lesbian partner abuse.

Many believe that women, especially feminists, will not abuse. Margolius also suspects lesbians are reluctant to fuel homophobic myths that "dykes are abusive" or that "lesbians are sick" by bringing partner abuse to light.

But battery (unwanted and harmful touching) and assault (threatened or attempted battery) are used equally in both straight and gay relationships as a means to establish power and control, Margolius notes. One third of all relationships include an episode of abuse, and the severity of the violence and the use of weapons occur with similar frequency in both homosexual and heterosexual relationships.

For Margolius, the issue came to the foreground last month when 24 of the 73 surveys completed at The First Annual Gay/Lesbian and Bisexual Women's Health Fair asked that Chase-Brexton start a support group for battered lesbians.

Quince Hopkins, staff attorney at the House of Ruth Legal Clinic, notes that no matter where someone stands in the spectrum of class, education, socio-economics, religion or sobriety, "anyone can be a batterer and anyone can be abused."

Abuse can take many forms, she says:

■ Physical abuse may include reckless driving, tickling, assault with a weapon, attempted murder, destruction of property, and abuse of pets and of children.

■ Emotional abuse includes name-calling, isolation, rages, "defining reality," and using issues of ethnicity, class, age, or physical or emotional ability.

■ Sexual abuse may include forced sex, insults, coerced monogamy (or non-

monogamy), sexual withholding, or demanding the partner change her body to an image desired by the abuser.

■ Economic abuse involves manipulating economic decisions and controlling funds. This can mean forcing a person to live beyond their means, ruining the partner's credit, forcing a partner to support the abuse, or to become economically dependent on the abuser.

Rebecca Hays, a counselor at the Sexual Assault Resource Center, spotlights several characteristics unique to the emotional abuse of lesbian partners. By isolating her partner

HELP IS AT HAND

Baltimore City Police Dept.
Northern District
Domestic Violence Unit
(410) 396-2455

Chase-Brexton Clinic
Mental Health Services
(410) 837-2050

The House of Ruth
24 hour hotline:
(410) 889-RUTH
Legal Clinic, Victim
Advocacy: (410)554-8458

Sexual Assault-Spouse
Abuse Resource Center
(410) 836-8430

Sexual Assault/Domestic
Violence Center
(410) 377-8111
Hotline: 391-2396

Sexual Assault and
Recovery Center
(410) 366-RAPE

Maryland State's
Attorney's Office
Domestic Violence Unit
(410) 396-3133

from family and friends, an abuser cuts her off from reality checks or ways to escape. If the abuser is the only lesbian a victim knows, "sisterhood" loyalties compound fears of never finding another relationship or being part of the lesbian community.

The use of homophobic threats in abuse is a special aspect of the dynamics of lesbian partner abuse. Hopkins cites abusers who threaten to "out" partners to family, friends and coworkers. Women who quit jobs in fear of being outed by their partner then become economically dependent. Abusers may define "a real homosexual relationship" according to what they want the victim to do at that moment. Abusers may prey on victim's insecurities by saying no one will

The Baltimore Alternative
December 1993

believe she is a victim if she fights back or that no one else will love her.

Margolius says this abuse plays on fears of coming out to police and getting homophobic responses. Homophobia in shelters still makes it difficult to place a battered lesbian. Chase-Brexton and the House of Ruth, on occasion, must obtain hotel rooms to provide safe housing.

Providing safe housing for lesbians is further complicated because sometimes the abusers follow their partners to shelters. "Anywhere a battered lesbian can go, her attacker can go. She's a woman, too," Hopkins says.

Hopkins comments that women have been shunned by other lesbians for "betraying a sister" to the

police or involving the police in the community. Lesbians are more likely to hold a battered lesbian responsible for the abuse than they would a heterosexual woman. They may blame the victim for splitting the community, accuse her of lying or exaggerating the abuse, or may blame her for the pattern of abuse.

The Lesbian Caucus of the Massachusetts Coalition of Battered Women Service Groups, in a audiotape called *Voices of Battered Lesbians*, notes that the small and close-knit nature of most lesbian communities makes it difficult for victims to either talk about the abuse with others or to run. "Lesbians freely give information about others in the community. No one stops to think one woman could be fleeing another woman or in danger from another woman."

Roni Young, state's attorney of Baltimore City and director of the city's Domestic Violence Unit, remarks that, compared to straight women, lesbians often wait much longer in the relationship to call the police, allowing the violence to escalate. New laws and procedures must be established to ensure that lesbian victims of abuse have the same legal defense against domestic violence as do others. Next month the *Alternative* will examine how the State's Attorney's office, City Police, Mayor's Office and Gay and Lesbian Community Center of Baltimore are addressing partner abuse.

Clinic to buy former Girard's building

MIKE CHASE

Managing Editor

The Chase-Brexton Clinic (CBC) has entered into a contract to purchase the building located at 1001 Cathedral Street, the *Gay Paper* has learned. The clinic purchased the 4-story, 21,000 square foot building which formerly housed Girard's nightclub, for \$375,000 according to one individual familiar with the negotiations. Settlement is expected before the end of the year, according to the source who asked not to be identified.

Dr. Merle McCann, President of CBC's Board of Directors, would not confirm that the organization had signed a contract with the owners of the building. "At this point the clinic remains involved in negotiations," McCann said.

"We feel that because of the increased numbers associated with this epidemic we need more space to provide the quality care of which we are proud," McCann said regarding the clinic's desire to relocate.

McCann described the building as advantageous because of its location and accessibility. He indicated the clinic is seeking funding from several sources including foundation grants and money from pharmaceutical companies. The clinic currently maintains offices at 101 West Read Street in the Medical Arts Building.

Speculation that the Health Education Resource Organization (HERO) was also negotiating for the building has been denied by Executive Director Leonardo Ortega. Dr. Ortega told the *Gay Paper* that HERO's Site Selection Committee was searching for a location to house the Drop-in Center, but discussions about



The building at 1001 Cathedral Street which Chase-Brexton plans to purchase.

moving HERO never went beyond the talking stage. "It is not a priority. The Drop-in Center is," Ortega said.

One real estate agent familiar with the

Mt. Vernon market called the \$375,000 purchase price "a steal," noting that a nearby building with only 19,000 square feet is on the market for \$995,000.

Helping others die

By Mark Cheshire
Afro Staff Writer

Victor, who prefers that his name not be used, is not unlike many other single parents. He has two daughters, a four year old and

a six year old. He operates a small business to support his family.

Victor, however, has an untimely and uncertain rendezvous with death. At 41 he is dying from

Continued on page A2

Afro
American Paper

1993



Photograph by Aretha White, AFRO staff photographer

Counselors at the Chase-Brexton clinic work with people with AIDS, believing that they have value and while faced with dying can provide others with inspiration.

AMERICA SINCE 1892

--Helping others

(Continued from page A1)

the AIDS virus. His health is failing. More than likely he will never see his children graduate from high school.

Cynthia, a 35 year old employee in a Baltimore convenience store, like Victor, is also facing an uncertain battle with life. She, too, has the AIDS virus and like Victor she is dying.

While there is little comfort in their lives, both Victor and Cynthia are assisted by the staff and programs of the Chase-Brexton Clinic, a downtown Baltimore facility that helps people with AIDS.

For Victor, Chase-Brexton, which receives its funding from Federal sources and private donations, provides free medical

care, medicine and doctor visits when necessary. It does the same for Cynthia.

The Chase-Brexton Clinic provides anonymous HIV testing and counseling in Baltimore. The service is free, according to Erica Spadlin, a spokeswoman for the clinic.

Persons who test positive for the HIV virus are taught about reducing risky behavior. They are also told that they have a responsibility to see to it that they do not infect others, Ms. Spadlin said.

"If you look at the demographics of this disease in Baltimore it is hitting the African American population the hardest," said David Shippee, the executive

director of Chase-Brexton.

Shippee said that more than 50 percent of the patients seen by the clinic are without insurance. "We are attempting to mobilize the corporate world to get them to understand that this disease is a major threat to all elements of society," he said.

Rebecca Hays, a case worker for Chase-Brexton said that sometimes her work becomes frustrating. She called many of her patients, faced with finality, inspirational and courageous.

"My clients are interesting and vital people," said Ms. Hays, a native of Chicago. "I want to make sure that they are nurtured and cared for."

An endangered species: Maryland Anonymous Test Sites

Currently, there is only one anonymous HIV counseling and testing site in Baltimore City. And even there, at the Chase-Brexton Clinic, 101 W. Read Street, there is a two to three week waiting list, according to Chase-Brexton's Executive Director David Shippee.

"We're not sure how long anonymous testing will be preserved," said Shippee, referring to Governor Schaeffer's push for the unique identifier. Also, funds for anonymous testing are drying up. In 1991, the Center for Disease Control (CDC) gave Chase-Brexton \$230,000 for anonymous HIV counseling and testing; this year they received \$174,000.

According to Shippee, Chase-Brexton is the largest anonymous test center in the state, testing approximately 2500 individuals a year for the HIV virus, six percent of whom are carrying the virus.

The Red Cross did have an anonymous testing center in the city up until January of this year. According to Red Cross Outreach Director Janice Williams, the organization had to discontinue this service because they could no longer afford liability insurance.

Brenda Pridgen, of the City Health Department, said that the city has been looking into realocating the funds designated for the now defunct Red Cross but that nothing has been settled as of yet.

"We're hearing from the community that there is still a need for anonymous testing," Pridgen said, "but there are others who are questioning the role of confidentiality saying that, unlike in 1981, there are protocols and treatments for [HIV+] patients now."

Following is a list of anonymous HIV counseling and testing sites in Maryland.

Anne Arundel County Health Department

Annapolis Health Center
3 Harry S. Truman Parkway
Annapolis, MD 21401
(410) 222-7381

Baltimore City Health Department

The Chase-Brexton Clinic
101 West Read Street
Baltimore, MD 21201
(410) 837-2050

Baltimore County Health Department

Towson Health Center
8812 Orchard Tree Lane
Towson, MD 21204
(410) 887-5992

Woodlawn Health Center
1811 Woodlawn Drive
Baltimore, MD 21207
(410) 887-1332

Essex Health Center
1538 Country Ridge Lane
Baltimore, MD 21221
(410) 887-0246

Calvert County Health Department

Calvert County Health Department
975 Solomon's Island
Prince Frederick, MD 20678
(410) 269-1051 - Baltimore line
(410) 535-5400 - local line

Cecil County Health Department

Cecil County Health Department
401 Bow Street
Elkton, MD 21921
(410) 996-5100

Charles County Health Department

Charles County Health Department
P.O. Box 640
Garrett Avenue
LaPlata, MD 20646
(301) 934-9577

Garrett County Health Department

Garrett County Health Department
253 North 4th Street
Oakland, MD 21550
(301) 334-1523

Howard County Health Department

Howard County Health Department
3450 Court House Drive
Ellicott City, MD 21043
(410) 313-2333

Columbia Health Center
10630 Little Patuxent Parkway
Columbia, MD 21044
(410) 313-7500

South Eastern Health Center
9525 Durness Lane
Savage, MD 20723
(410) 880-5888

Montgomery County Health Department

Montgomery County Health Department
Dennis Avenue Health Center
2000 Dennis Avenue
Silver Spring, MD 20902
(301) 217-1760

Germantown Health Center
12900 Middlebrook Road
Germantown, MD 20876
(301) 217-1760

Prince George's County Health Department

Prince George's County Health Department
3003 Hospital Drive
Cheverly, MD 20785
(301) 386-0348

Glenarden Apartment Complex
3030 Brightseat, Apt. 204
Landover, MD 20785
(301) 386-0348

Spanish Catholic Center
University Boulevard
Langley Park, MD 20783
(301) 434-3999

Worcester County Health Department

Worcester County Health Department
Bay Street Extended
Snow Hill, MD 21863
(410) 632-1100

Snow Hill Health Center
P.O. Box 249
6040 Public Landing Road
Snow Hill, MD 21863
(410) 632-1100

Atlantic Health Center
10221 Old Ocean City Boulevard
Berlin, MD 21811
(410) 641-0430

Ocean City Health Center
4 Caroline Street
Ocean City, MD 21842
(410) 289-4044

Pocomoke Health Center
400A Walnut Street
Pocomoke, MD 21851
(410) 957-2005

More Anne Arundel Co.

Brooklyn Park Health Center
300 Hammonds Lane
Brooklyn Park, MD 21225
(410) 222-6620

Odenton Health Center
1370 Odenton Road
Odenton, MD 21113
(410) 222-6660

Magothy Health Center
2501 Mountain Road
Pasadena, MD 21122
(410) 222-6640

Parole Health Center
1950 Drew Street
Annapolis, MD 21401
(410) 222-7284

Open Door-Langley
Drug Treatment Center
120 North Langley Road
Glen Burnie, MD 21060
(410) 222-6665

Stanton Health Center
Healthy Teens/Family Planning Center
Annapolis, MD 21401
(410) 222-1282

1993.7

Some doctors still wary of AIDS cases

Family physicians given guidelines to help patients manage the disease

By Holly Selby
Staff Writer

For months Gwen Green had recurring infections, swollen glands and chronic fatigue. Her youngest daughter suffered from several bouts of pneumonia coupled with alarmingly high fevers.

But not until Ms. Green applied for a life insurance policy did someone suggest that she be tested for HIV, the virus that causes AIDS.

Now, as the Baltimore woman looks back on her illnesses, now that she knows that she has acquired immune deficiency syndrome and that her youngest daughter has the human immunodeficiency virus, she says, "I had all the symptoms all along, but I never thought I was at risk, and I know my doctor never dreamed it."

Thirteen years after the onset of the AIDS epidemic, some family doctors are still reluctant to suggest testing for HIV, federal public health officials say. And, if patients test positive for the virus, some physicians hastily refer them to infectious-disease experts.

One result is that many patients do not get early care for HIV. Another is that clinics and hospitals nationwide that specialize in treating those with the virus as well as those with fully developed AIDS are becoming overburdened.

To help combat this, the U.S. Public Health Service released guide-

“AIDS . . . is beginning to appear in every hamlet and town. All doctors will see it and they have to be able to diagnose it. We don't have enough AIDS experts to take care of all these people.”

DR. ROY SCHWARZ

lines last week aimed at encouraging primary-care physicians to treat patients who have the AIDS virus.

The 196-page "clinical practice guideline" includes advice ranging from how frequently blood tests should be administered to when anti-viral drugs are most useful. It also includes segments on counseling and informing patients about disadvantages and advantages of disclosing their HIV status.

"A number of individuals with HIV aren't even being asked the relevant questions about their lives, about risk," said Dr. Phillip R. Lee, assistant secretary for health. "Many physicians don't even think about it in relation to women and children."

More than 204,000 Americans —

See AIDS, 10B

AIDS: Family doctors urged to treat more AIDS, HIV patients

From Page 1B

including 4,417 Marylanders — have died of AIDS since 1981, and at least 1 million U.S. citizens have HIV, according to the federal Centers for Disease Control and Prevention.

But only half of the Americans who are infected with the deadly virus know they have it, Dr. Lee said.

"AIDS is moving from the coasts of America to the Midlands and is beginning to appear in every hamlet and town," said Dr. Roy Schwarz, senior vice president of the American Medical Association, which approved the guidelines. "All doctors will see it and they have to be able to diagnose it. We don't have enough AIDS experts to take care of all these people."

Disease intimidates

Many physicians feel intimidated by a complex disease in which advances and changes in treatment occur rapidly and frequently, said Dr. John Bartlett, director of the infectious-disease division at the Johns Hopkins Medical Institutions.

At the onset of the epidemic, patients were immediately referred to infectious-disease experts, creating a feeling within the medical community that treatment of HIV and AIDS always required some kind of specialist, he said. Doctors at clinics and private

physicians who accepted HIV patients became known in their communities as "AIDS doctors."

For those patients who do not have easy access to clinics such as Johns Hopkins' Moore Clinic or the Chase-Brexton Clinic in Baltimore, quality and aggressiveness of treatment can be uneven, Dr. Bartlett said.

Treatment easier now

"There tends to be a cadre of AIDS physicians who are tapped into the network of information and who go to all the meetings, but the information doesn't always reach the average practicing physician who may nonetheless be seeing people with AIDS," said Dr. Bartlett, who for several years has prepared HIV-treatment guidelines for distribution by Maryland health authorities.

The virus is easier for a family physician to manage now because more is known about the virus, and people with HIV may not develop full-blown AIDS for many years, said Dr. Alfred Saah, an epidemiologist at the Johns Hopkins School of Hygiene and Public Health.

"HIV doesn't need a specialist," he said. "It is perfectly manageable like hypertension or diabetes."

Ignorance, however, is not the only reason that some doctors are reluctant to treat AIDS patients. As a sexually transmitted

and fatal disease first associated with homosexuals, then intravenous drug users, AIDS bears a heavy and complex social stigma.

Many physicians — as did much of society — initially viewed AIDS as a disease that spread only in particular segments of the population — first gay men, then drug users, said Dr. Leonardo Ortega, executive director of Baltimore's Health Education Resource Organization (HERO). "It was seen as a stigma to be among the gay community even as a doctor," he said.

For years, Dr. Ortega said, many doctors referred AIDS cases to him simply because he was gay.

"As an openly gay man, I was seen as a person who could deal with [AIDS patients] better. And, yes, maybe I have a greater interest. But, as a doctor, a physician, they have a responsibility," he said.

Ms. Green, a former peer counselor for people with AIDS, said some of her clients felt they had been brushed off by doctors. "One woman said her doctor told her to look in the yellow pages for a doctor. One said a doctor told her, 'You have AIDS. I can't do anything more for you,'" Ms. Green said.

AIDS specialists, too, occasionally get the brush-off from their colleagues in medicine, said Dr. Ortega. "It's only certain doctors who are interested in HIV/AIDS treatment. Deep in [some physicians'] minds there is a

stigma. There is a rejection. Even if they don't say it, you feel it."

"I think a lot of doctors have identical fears to those of the rest of society about how the disease spreads," said Dr. Carla Alexander, clinical affairs director at the Chase-Brexton AIDS clinic. "Although, intellectually, they understand the mechanism of transmission, I do think part of their reaction to this disease has been based on fear."

Economics may play part

Economics, too, may play a part in the lack of interest in treating AIDS patients.

Many physicians refer AIDS patients to clinics because the patients receive medical assistance or don't have health insurance, said Dr. Alexander.

The guidelines may help demystify AIDS for primary-care physicians who have little experience with the disease, said Dr. Alexander. "But I bet you that it won't work very well unless reimbursement comes along with it."

Still, the guidelines represent a step forward, say others involved in HIV treatment. "They may [help] a physician who otherwise would not want to take on an AIDS patient — because of the complexity, because of what has been viewed as exotic," said Dr. Bartlett of Hopkins. "I think patients ultimately benefit greatly."

AIDS home testing kit criticized

WASHINGTON (NYT) — A proposed home testing kit to detect the deadly virus that causes AIDS was attacked Friday by gay health clinic officials, who warned that a positive diagnosis, received impersonally over the phone without counseling, could have potentially devastating results.

The federal Food and Drug Administration is reviewing a license application for the test, manufactured by Direct Access Diagnostics, a division of Johnson & Johnson Co. The company claims the test makes detection of the AIDS virus at home quicker, cheaper and easier.

USING THE HOME KIT, a person simply pricks a finger, dabs blood on a special paper and mails it to a lab, accompanied by a unique ID code. One week later, a phone call announces the test result.

The new test promises to help more infected Americans learn they have the killer virus. But the home kits also pose a unique problem: How to counsel HIV-positive people, if they never set foot in a clinic.

That was the message Friday from the leaders of the 11-member National Alliance of Lesbian and Gay Health Clinics (NALGHC), which warned

Clinics say counseling lacking

of dire consequences if persons testing positive for the virus are simply notified over the phone, without proper counseling.

The 11 clinics test more than 150,000 people a year and provide pre-test counseling, post-test counseling and follow-up care.

"If they are alone, just talking on the telephone, how will they react?" asked Christopher Portelli, the alliance's national coordinator in Washington. "The potential for catastrophic impact far outweighs the intended advantages.

James Grant, an official with the Whitman-Walker Clinic, the primary provider of community-based HIV-AIDS services in the Washington area, said the realization one was infected "would be a savage assault on one's emotional well-being" without appropriate counseling.

"Once you say they're positive, the infected don't hear anything else," said Laura Hardesty, an HIV specialist at the Chase-Brexton Clinic in Baltimore. "They really need some kind of personal, long-term relationship to get any message

across."

Hank Carde, a retired Navy commander who is afflicted with AIDS, said there is "a well established clinical record of extreme adverse reaction to the news of HIV-positive status."

Carde, a volunteer at the Whitman-Walker Clinic, cited the suicide of George Rankin, a 28-year-old United Airlines employee in San Francisco, who jumped from the Golden Gate Bridge on March 27 after learning he was infected with the HIV virus.

STILL, not all gay and lesbian leaders, or physicians, oppose home testing.

In a joint statement, four prominent physicians involved in AIDS research, along with several prominent gay and lesbian activists, said "the benefits of home access testing far outweigh the risks."

The statement, issued at the coalition press conference, said that even though existing testing options have been available for the last six years, less than 15 percent of adults has been tested for HIV infection.

The statement said that while "lesbian and gay clinics may be offering quality counseling, most people report receiving inadequate counseling.

URBICULTURE

Chase-Brexton Clinic Previews New Home

BY GAREY LAMBERT

THE ALTERNATIVE

On Friday, March 25 the Chase-Brexton Clinic previewed its new home for the press and invited guests. Renovations have only just begun, and the space was very rough, though large and roomy.

The clinic will occupy part of the second floor and all of the third and fourth floors of the former automobile showroom building at Cathedral and Eager Streets. The building is more familiar to many people in the gay community as the home of Girard's disco in the 1970s and early 80s.

Chase-Brexton is currently the major second floor tenant in the Medical Arts building at 101 West Read Street. The building is old and inadequate to house a fully equipped, modern outpatient clinic specializing primarily in AIDS care.

After an extensive search, Chase-Brexton settled on its new location and purchased the building for \$550,000.00. It hopes to have renovations completed and begin serving patients in the new clinic by June 1.

In its new facility, the clinic plans an aggressive campaign to attract women, the population with the highest current HIV infection rate, and younger gay men for whom the latest health department figures show a discouragingly increasing rate of HIV infection. The clinic will continue to serve clients with other sexually transmitted diseases and plans to offer an increasingly



PHOTO BY DAVID GRINNELL

broad range of services for lesbians.

The clinic began as a sexually transmitted diseases clinic for the gay and lesbian community and was originally administered by the Gay and Lesbian Community Center of Baltimore (GLCCB). But with the rising AIDS epidemic, the clinic became independent in August 1989 and, despite some controversies, has grown ever since. It now serves approximately 900 HIV-infected clients.

AIDS activist John T. Stuban, 38

ACT UP founder gave people hope

By Holly Selby
Sun Staff Writer

The man who was the heart of AIDS activism in Baltimore died yesterday after publicly and privately battling the disease for nearly a decade.

John T. Stuban, the founder of ACT UP Baltimore, part of a national network of groups that uses civil disobedience to press for greater efforts to combat acquired immune deficiency syndrome, died in his home from the disease. He was 38.

Mr. Stuban moved here from New York City in 1987, bringing with him an aggressive style and a sense of social justice that changed the face of local AIDS activism. In the ensuing years, he provided leadership to those involved in the movement and was unrelenting in pressuring local public officials to provide more AIDS care.

"He made AIDS visible," said Garey Lambert, founder of AIDS Action Baltimore. "He was an inspiration. He was upfront and in your face. He was the guy with the conscience, the guy who kept community scrutiny going on and on, and without that, there would be nothing done."

Under Mr. Stuban's tutelage, AIDS activists staged protests that included picketing at Mayor Kurt L. Schmoke's home and delivering a coffin to City Hall. At one point, Mr. Stuban chained himself to city Health Department doors.

Although his tactics sometimes were considered offensive, many of those who criticized Mr. Stuban, including the mayor, came to respect him.

"Through his presence and perseverance he brought to our attention one of the most critical issues confronting us in Baltimore today. His death is a real loss for the community," said Mayor Schmoke, who is sending a memorial tribute to the Stuban family. "His was a powerful voice."

"We had come to think of John Stuban as synonymous with HIV/AIDS care because he was there always, he was everywhere. . . I'm sure there will never be another one like him," said Brenda Pridden, Baltimore AIDS coordinator. "But you don't want to mourn his life: His life is one to be celebrated."



1991 FILE PHOTO

John Stuban moved to Baltimore in 1987.

AIDS activists say Mr. Stuban's death leaves a void in their ranks. His leadership came "in small things and big things," said Greg Satorie, vice president of the People With AIDS Coalition. "He was someone we rallied around. He gave a lot of people hope."

Born in 1956 in Berwick, Pa., the son of Vee and Ted Stuban, he grew up steeped in politics. His father, who is now retired, was a mayor, city council member and state legislator in Pennsylvania.

Mr. Stuban earned a bachelor's degree in political science at Hunter College in New York City, where he worked as a waiter and held a number of other jobs. He moved to Baltimore to join Dr. Merle McCann, who became his longtime companion. Dr. McCann is president of the board at Chase-Brexton, a Baltimore AIDS clinic, and a psychiatrist.

Mr. Stuban's stock in trade was a brass willingness to challenge the medical and political establishments coupled with a broad knowledge of AIDS and the political quagmire that surrounds its funding.

"People stood in awe of his uncompromising fight on behalf of patients with HIV and AIDS, but what made John Stuban different is that he was the most well-versed and perhaps the most effective," advocate for federal funds for Baltimore, said Dr. John Bartlett, director of the infectious disease division at the Johns Hopkins Medical Institutions.

"He never told you what you wanted to hear: He always told you the truth. He had a level of integrity that was extraordinary," he said.

In recent years, Mr. Stuban sat on the mayor's AIDS Advisory Committee and the executive committee of the Greater Baltimore HIV Planning Council, which allocates more than \$4 million annually in federal AIDS funds. In 1993, he served as president of the local chapter of the People with AIDS Coalition, and in 1992 he attended the Democratic convention as a delegate, openly declaring that he was HIV-positive. He was also a longtime member of Alcoholics Anonymous.

However, Mr. Stuban's enduring willingness to speak out was among his most important contributions to the community.

As recently as April, Mr. Stuban, already ill, led protesters in chaining themselves to the city Health Department doors to protest job vacancies in AIDS surveillance.

"He was somehow capable of showing us how to abandon our own fears and follow him," said Mark Shaw, a founding member of ACT UP Baltimore. "He had one of the most delicious political minds and a truly God-inspired fearlessness fueled by compassion and moral outrage."

Until the end, Mr. Stuban wanted to continue his fight. "The cost of not being [socially] active is dying," he said several months ago.

As his illness progressed, Mr. Stuban repeatedly expressed the hope that his death would not slow AIDS activism in Baltimore. He half-seriously suggested that friends "hurl [his] body over the White House fence" or place it on the steps to City Hall as a political statement.

Viewing will be tomorrow, and services will be held Thursday in Berwick, Pa. Arrangements are being handled by the Mayo Funeral Home in Berwick.

In Baltimore, a service and memorial protest will be scheduled in early September, Dr. McCann said. In lieu of flowers, contributions may be sent to the Chase-Brexton Clinic Inc., 101 W. Read St., as part of a John Stuban Memorial Fund.

Besides his companion and his parents, Mr. Stuban is survived by a sister and brother-in-law, Kathy and Joseph Duda of Springfield, Va.; an aunt, Evelyn Kalanick; and his grandmother, Mary Stuban, both of Berwick, Pa.

Ray Charles at Lifesongs '94

Ray Charles, musical superstar, wowed guests at the Lifesongs '94 concert, which raised funds for the Chase-Brexton Health Service, Maryland's largest community-based provider of medical and psychological care for those infected by HIV/AIDS.

— S.H.B.



TIFFANY H. HOUSE/SUN STAFF PHOTOS

Lynda Ames, David Shippee, Bonnie Serpick



Barbara Lebson, Marie Henderson, Samantha Davis

*One piece
at a time,
we are
building
a Wall
of Courage*

For \$125 you can

*Join the fight against
AIDS & HIV disease,*

Help build a dream,

Remember Someone,

Help create Baltimore's Wall of Courage

By purchasing a handpainted personalized tile, you can be a part of the building of a permanent community memorial to our loved ones.

The Wall of Courage will be located in the lobby of Chase-Brexton Health Services' new home at 1001 Cathedral Street.

For more information, please call Martin at 545-4481 ext. 419 or stop by Chase-Brexton Health Services, 1001 Cathedral Street, Suite 437 to see our display of sample tiles.

Thank you.

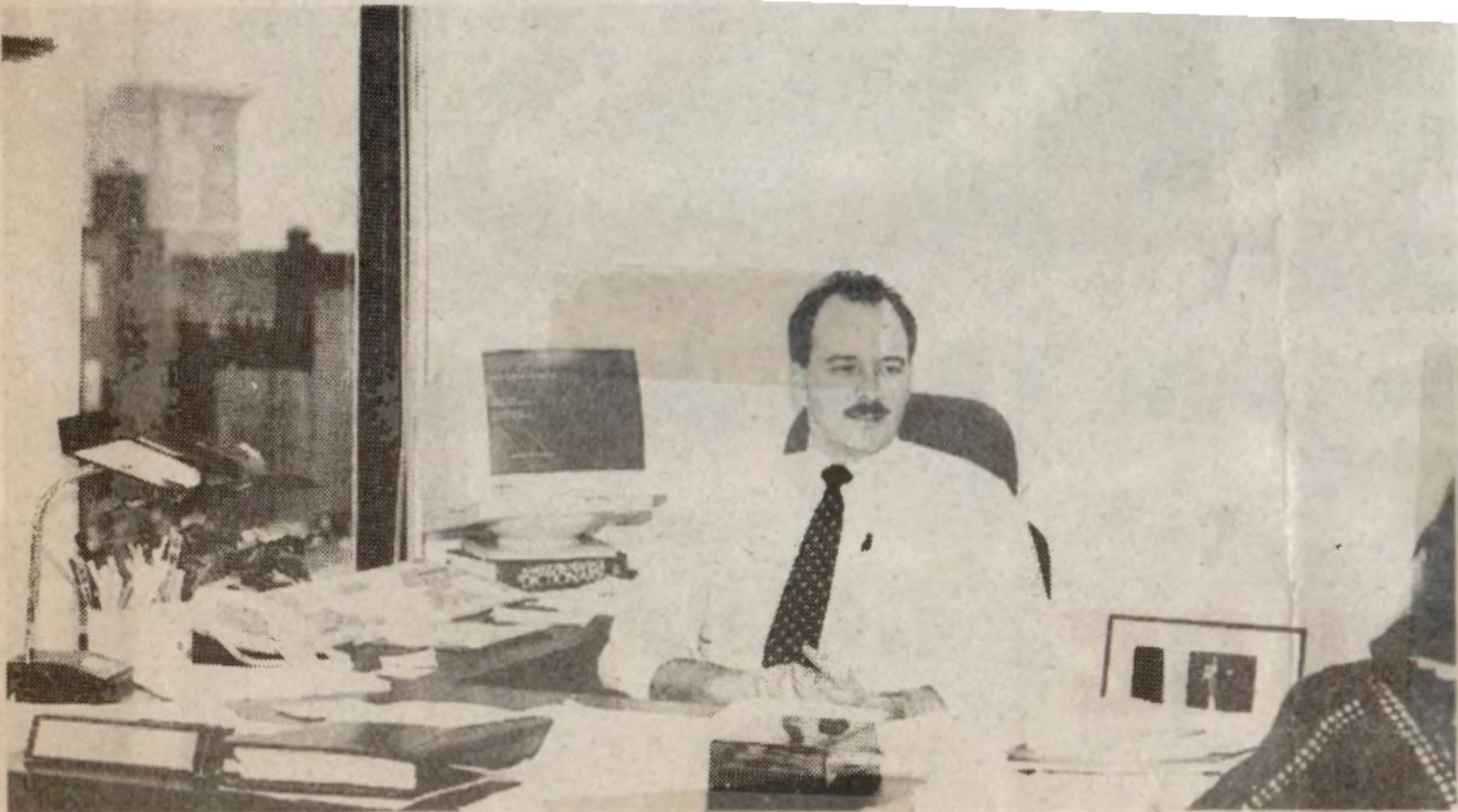


CHASE-BREXTON
HEALTH SERVICES

A copy of our current financial statement is available upon request by contacting Chase-Brexton Health Services at 1001 Cathedral Street, Baltimore, MD 21201 or 410.837.2050. Documents & information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying & postage.



Medical Director Dr. Carla Alexander



Executive Director Dave Shippee



Medical Secretary Vinnie Meyers in the new waiting area

Chase-Brexton Clinic goes on line in new Cathedral Street location

BY ELLIE MARSILLO

Staff Writer

For the past few years, officials at Chase-Brexton Clinic were looking for a larger facility that would enable the clinic to meet the needs of a growing number of patients as well as provide needed space for medical and support staff. The long, arduous process officially ended on November 11 as Chase-Brexton Clinic took residence at 1001 Cathedral Street, in the heart of Mount Vernon.

Executive Director Dave Shippee told the *BGP*, "We feel the aggravation of the process, with the construction and design, is far outweighed by the experience of being in this well-designed space. It feels great."

In addition to a change in location, the clinic's name has changed as well, to Chase-Brexton Health Services, Inc. "Our scope is broader than what is traditionally thought of," says Shippee, adding that Chase-Brexton's services "will be more comprehensive. Our name will reflect that."

Chase-Brexton purchased the historic site earlier this year, revitalizing a building which sat vacant for three and a half years. Shippee stated that the additional space at the new location will enhance the overall quality of services provided by the clinic. The clinic will now expand counseling and testing programs as well as women's health services, and begin operating an institutional pharmacy.

The clinic, which began providing primary care services to HIV-infected adults in late 1988, has since experienced enormous growth in its yearly caseload of patients. Chase-Brexton serviced 550 individuals in fiscal year 1991, and nearly 1,100 individuals with HIV were serviced in 1992. Currently, the



Medical Secretary Vinnie Meyers in the new waiting area

clinic serves over 1,300 patients, eighty five percent of whom are HIV-infected. Twenty-six percent of the HIV patients serviced by Chase-Brexton are women.

Martin Conover, Resource Development Coordinator for Chase-Brexton, states that such numbers made obvious the need to find a bigger location in which to accommodate the needs of patients and staff. "We feel positive about this effort, and I sense that the staff is feeling relieved and we can get on with our work now that the move is completed."

The primary care HIV services offered by

Chase-Brexton Clinic include: complete history and physical exam; mental health evaluation; diagnostic tests as needed; drug treatment; infusion therapy/transfusions; nutritional assessment and counseling; home doctor visits and subspecialty consultations.

Chase-Brexton will be concentrating on outreach efforts to the young, gay male population to encourage testing and treatment services. The age group of 17 - 25 years-old has been identified by the clinic's Program Committee as a population that has not exposed to much of the education and preven-

tion efforts of the last few years.

The clinic will also be conducting strong outreach to women due to the grim statistics regarding HIV and women. According to a recent report by The Centers for Disease Control and Prevention, HIV is spreading four times as quickly among women than men. The CDC named Baltimore as one of nine cities in the nation where AIDS is the number one killer of young women.

Dr. Carla Alexander, Director of Clinical Affairs at Chase-Brexton, said that in addition to the ability to handle a higher volume of patients in a clinical session, the move will have serious economic benefits as well. "It will cost us less money to occupy this space because the mortgage payment is significantly lower," she said, adding, "We are going to be experiencing a loss in federal funds, so any way to realize additional money is important." She said that entering into agreements with other providers should help financially while preserving good quality of care for the patients. "The way health care reimbursement is going we'll have to be connected to other people somehow. We've made agreements with Maryland General, but we have to do more. We need to, or we won't be able to exist."

To raise necessary funds, Chase-Brexton Clinic conducts various fundraising efforts, one being the Wall of Courage project. For \$125, an individual or group can purchase a handpainted, personalized tile in memory of a relative or friend who has died of AIDS. The Wall of Courage will be located in the lobby of the clinic.



Executive Director Dave Shippee

Photo by Ellie Marsillo



Medical Director Dr. Carla Alexander

Health Department cited for deficiencies in managing \$1.5 million

By Holly Selby
Sun Staff Writer

Federal officials have cited the Baltimore City Health Department for deficiencies in its administration of a grant worth \$1.5 million over three years for the care of AIDS patients and are considering disbursing the money through a community-based AIDS clinic.

The grant, funded through the Ryan White CARE Act, pays for early intervention services such as testing, diagnosis and treatment of people infected with the AIDS virus.

The money has been distributed by the city to five programs that serve thousands of patients annually. Without the grant, the clinics would have to find new funding sources or cut back on services and personnel, their directors say.

Baltimore's **Chase-Brexton Clinic**, which receives about \$135,000 a year from the grant, has been asked by the U.S. Health Resources and Services Administration to step in and act as the "emergency interim grantee." The city will continue to administer the funds until the end of next month, according to a HRSA spokeswoman.

"HRSA saw the need for this

funding and felt that to totally leave the patients without the services would have an extremely detrimental impact," said David H. Shippee, Chase-Brexton's executive director. He added that "the grant would have been pulled if we had not come up with a solution to the management problem."

City health department officials said yesterday that the city was never in danger of losing grant money. "Did HRSA say they were taking the money away? They said they'd like to change who administered the grant. HRSA knows it's important to get the patients seen [by health personnel]," said Dr. Arista Garmes, deputy health commissioner.

Though administered by the health department, the grant is awarded to a consortium of local AIDS care providers. Its members are the adult HIV services program at the University of Maryland School of Medicine, the Moore [AIDS] Clinic at Johns Hopkins Medical Institutions, Healthcare for the Homeless and the HIV-related treatment services of the city-run sexually transmitted disease clinics.

The large volume of AIDS patients served by the five programs was noted by HRSA as a compelling rea-

son to find an alternative grant manager and to continue medical services without interruption.

Reasons for the switch cited in a HRSA letter written to the health department included inadequate patient demographic information; lack of documentation of funding and performance of programs, and general inconsistency of the grant application.

Health Commissioner Peter Beilenson said he had not yet received the letter. However, he added, "I know there is a consortium of different groups under this grant and they were looking at the best way of administering it."

"The bottom line is no money is lost to the city, so that's fine."

Pointing to the city's needle exchange program as one example of successful city projects, Dr. Beilenson said, "the Health Department has a long record of good service in terms of dealing with AIDS both in terms of prevention and in terms of providing direct care services."

But Baltimore AIDS activists say that the fact that HRSA will not allow the city to manage the grant is a sign of more widespread management problems within the city Health Department.

AIDS grant

"It is very scary — the city's grant application was obviously inadequate. . . . It perhaps points to other kinds of mismanagement," said Garcey Lambert, head of AIDS Action Baltimore.

"These grants are not all that difficult to manage. The formula for responding to a federal government proposal for funding is pretty basic and to have left out things like financial reports and letters of support — these things are fundamental to every grant you write. It is inexcusable and it smacks of incompetence."

Chase-Brexton selected as site for combination drug therapy trial

By **DARREN KISSINGER**
Staff Writer

Chase-Brexton Health Services is one of 25 clinical centers across the United States that will participate in a research study that evaluates the ability of two different three-drug combinations to reduce viral load and produce a sustained increase in CD4 cells in patients who are HIV-positive.

Chase-Brexton has begun enrolling patients for the study, according to the clinic's Research Coordinator Jarod Christopher, R.N. A total of 15 HIV-positive participants, who have a CD4 count between 200 and 500 cells/cubic millimeter, and who have not previously received antiretroviral therapy will be needed to conduct the study. Women of childbearing age are eligible, Christopher noted, "but they have to agree that if they become pregnant, they will terminate their participation in the study" because of the ethics involved in possible adverse effects to the unborn child.

This is the second research study offered under the Inter-Company Collaboration for AIDS Drug Development with PAREXEL International Corporation. It will last approximately one year and will enroll 225 patients at clinical centers throughout the country.

The study will evaluate the antiviral and immunologic effects of two different three-drug combinations: AZT plus ddI plus 3TC; and AZT plus ddI plus nevirapine. According to Christopher, there will also be people who, for each regimen, receive AZT, ddI, and a placebo. Comparisons will be made between the three-drug regimens and the two-drug combination of AZT and ddI.

Nevirapine (Boehringer-Ingelheim) is an investigational non-nucleoside analogue reverse transcriptase inhibitor and 3TC (lamivudine, Glaxo Wellcome) is an investigational nucleoside analogue reverse tran-

scriptase inhibitor.

"It is not unusual to see combination studies now," said Christopher. "It's becoming more common in HIV" in part because mono therapy studies have largely been exhausted, and partly because combination studies appear to be getting better results.

"For example, 3TC alone is useless," said Christopher. "It has no effect after two weeks. But when used in combination with AZT, it boosts the effectiveness of AZT."

The Inter-Company Collaboration for AIDS Drug Development, formed in April 1993, is a consortium of 16 international pharmaceutical companies who have agreed to facilitate--through the sharing of information and drug supplies--the conduct of early combination and comparative studies of antiviral agents for the treatment of HIV infection and AIDS. PAREXEL, a major international contract research organization with significant experience in AIDS research, was selected by the company sponsors to manage this multi-center study.

According to Christopher, the decision of whether to participate in any given study is a joint one between Chase-Brexton and the sponsoring company.

"A lot of companies like to take advantage of our high number of patients here," Christopher said. "That's fine as long as our patients are being served. Some studies offer a group of the participants only a placebo. With a study like this, though, even the groups getting a placebo are also getting AZT and ddI."

Patients and physicians who are interested in enrollment information may call the Inter-Company Collaboration's Clinical Coordinating Center located at PAREXEL at (800) 925-AIDS from 9 a.m. to 5 p.m. EST.

Chase-Brexton Health Services is located at 101 W. Read St., Baltimore, (410) 837-2050.

One piece at a time, we are building a Wall of Courage

For \$125 you can *Join* the fight against AIDS & HIV disease, *Help build* a dream,
Remember someone,

Help create Baltimore's Wall of Courage

By purchasing a handpainted personalized tile, you can be a part of the building of a permanent community memorial to our loved ones.

The Wall of Courage will be located in the lobby of Chase-Brexton Health Services' new home at 1001 Cathedral Street. All proceeds from sales will benefit Chase-Brexton Health Services.

For more information, please call Martin at 545-4481 ext. 419 or stop by Chase-Brexton Health Services, 1001 Cathedral Street, Suite 437 to see our display of sample tiles. *Thank you.*



CHASE-BREXTON
HEALTH SERVICES

A copy of our current financial statement is available upon request by contacting Chase-Brexton Health Services at 1001 Cathedral Street, Baltimore, MD 21201 or 410.857.2050. Documents & information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying & postage.

Baltimore's AIDS Heroes

BY GAREY LAMBERT

THE ALTERNATIVE

Most people working in AIDS toil in obscurity. Whether researchers, physicians, nurses, secretaries, service providers or advocates these people take care of us, offer us social and financial support when we need it, and protect our interests. Some have HIV themselves. They don't seek public acclaim. Yet they are every bit as important as Anthony Fauci, Mark Harrington, Martin Delaney, or Mary Fisher.

So, here is my admittedly incomplete list of my unsung heroes. In no particular order...

Joyce Kramer, the stalwart, angelic administrator at HERO. She's seen it all and still smiles.

Rodney Moore started the Center for Applied Life for minority IV drug-using, HIV-positive men. Rodney has an opinion, expresses it, and is usually right. He listens good, too.

Judith Feinberg chairs the ACTG's Opportunistic Infections Committee, runs the Johns Hopkins AIDS Clinical Trials Unit, works tirelessly, and has been largely responsible for some of the most impressive advancements in treating the Opportunistic Infections.

Gwen Green and Debra Hickman of Sisters Together and Reaching are beautiful, smart, wonderful women who are committed heart and soul to helping.

Dr. David Wheeler, University of Maryland and Baltimore TRIALS. Without Dave there would be no community-based research in Baltimore.

Robert Kent at Chase-Brexton. Just how many patients can one man follow, Dr. Kent?

Dr. Mychelle Farmer works with teenagers. I rest my case.

Becky Becker, coordinator for the Hopkins AIDS Clinical Trials Unit. Young, beautiful, smart and committed. Charlie Raines. We don't really care whether you advance your career, Charlie, we need you back in the ACTU.

Joey Myers and Tom Patrick at Moveable Feast. They keep the place cookin'. In case you hadn't noticed, Joey is pumped!

Michael Levin, former chair of the Mayor's AIDS Coordinating Council, ally of the gay community, and a great doctor. Janet Horn. Ditto.

Mark Levi and Steve Wiener at Medical Arts Pharmacy. Generous friends for the AIDS community.

Dr. Joseph O'Neill, queer and sincere. Take the federal job, Joe! You like that policy crap, you're good at it, and we need you there. Dr. Joel Gallant. In charge of the Moore Clinic at Hopkins. Dr. Harold Standiford. The heart of the VA AIDS program in Baltimore. His patients love him.

Lynda Dee, president of AIDS Action Baltimore. I might be just a little biased, but her tenacious, brilliant and sometimes bull-headed commitment to AIDS advocacy has

improved the research process for all PWAs immeasurably. Jeffrey Grabelle, office manager at AIDS Action Baltimore. If we lost Jeffrey we'd have to hire 20 people. Now you know the secret of AIDS Action Baltimore's success.

Dr. John Bartlett. The doctor's doctor. He founded the Hopkins AIDS Service in 1984. His accomplishments are remarkable and his capacity for work is astounding. His new book, *Medical Management of HIV Infection*, is wonderful. John started the first aerosol pentamidine program in Baltimore in 1988. AIDS Action Baltimore's program began two days later thanks to Dr. Ray Altieri.

Peter Beilenson, Commissioner of Health. Bold and daring. Imagine, needle exchange in Baltimore! Sometimes he's aggravating. Alan Conway has single-handedly improved the efficiency of the Baltimore City Health Department about 15,000 percent. Man, you're a godsend.

Dr. Bob Bollinger at Hopkins, whose work with cytotoxic T-lymphocytes is maturing nicely. All he needs is the money. Doug Jabs. The best ophthalmologist in AIDS. His peers say so.

Curtis Price. He and Street Voice, his remarkable organization of society's most disenfranchised men, have won their independence from federal grants by not taking the money. They are thriving and proud.

Liza Solomon. Without her AIDS Legislative Committee, we'd have a mandatory reporting law in Maryland for sure. Carl Stokes, city councilman and Title I co-chair. In AIDS, he's stuck it out and is always there.

Becky Brotemarkel and Bunny Creef, home care nurses. Good ones.

Justin McArthur, neurologist. Is HIV on your nerves? See Dr. McArthur. He's the Principal Investigator on the only PML study in the country.

Holly Selby, *Sun* reporter. Gets AIDS on the front page of *The Baltimore Sun*. Yes! *The Baltimore Sun!*

Nurse Jeanne Jankowski and phlebotomist Sherry Johnson at Chase-Brexton. Loving care. Susan Rucker and Peggy Piazza, social workers at the Moore Clinic. What they put up with!

Julia Hidalgo, State AIDS Administration. Talk about a survivor!

Greg Satorie, president of the PWA Coalition. He just sort of floats.

Sylvia and Stanford Schneider. Good Samaritans.

Dave Shippee, executive director, Chase-Brexton Clinic. New building, new clinic. Thank you.

John Farley and all the rest of the pediatricians, nurses and social workers who take care of babies with AIDS.

David VanderMark, my mate of almost 10 years who puts up with me.

And, finally, the guy in Frederick who beat the state for 75 grand, because they forced him to take an HIV test.

PEOPLE WITH AIDS COALITION

Social, Recreational and Advocacy Services to the HIV/AIDS Community

- Monthly General Meeting at 5:30 p.m. on the 2nd Thursday at 101 West Read Street, Suite 808
- Support Group Saturdays at 11:30, call for location

101 West Read Street, Suite 808 • Baltimore, MD 21201 • (410) 625-1677

Study Shows 3TC Plus AZT Effective

BY GAREY LAMBERT

THE ALTERNATIVE

A study presented at the second International Congress on Drug Therapy for HIV Infection in Glasgow, Scotland shows significant improvement in laboratory markers in people with HIV infection. The study was conducted by a French research team led by Dr. Christine Katlama who presented the data.

The study compared the combination of 3TC (lamivudine) and AZT against a control of AZT therapy only. 3TC is a nucleoside analogue, the same class of drugs to which AZT belongs. People receiving the combination experienced an average gain of 85 CD4 cells after eight weeks on study and maintained an 80 CD4 cell increase through week 24. At week 48, an increase of 49 CD4 cells persisted. People receiving only AZT had their CD4 counts drop by an average of seven at week 24. But when switched to the combination treatment thereafter, these people showed an average increase of 40 CD4 cells over baseline by week 48.

In addition, a 92 percent reduction in viral

burden was reported in people receiving the combination. Reductions in viral load are normally expressed in logarithms. No measurement of viral burden was presented, so no conclusions about this reduction can be made reliably.

People receiving the combination experienced an average gain of 85 CD4 cells after eight weeks on study and maintained an 80 CD4 cell increase through week 24.

Resistance to AZT apparently did not develop in people on the combination treatment arm. But, the combination did not prevent the development of resistance to 3TC.

This was a small study with only 129 participants. It was randomized and double-blinded. People with CD4 counts between 100 and 400 were evenly randomized to one of the two treatment arms (AZT + 3TC or AZT only). Both groups received the standard AZT dose of 600 milligrams per day (200mg tid). Those receiving 3TC were given 600 milligrams in a divided dose (300mg bid). The study assessed laboratory markers like the CD4 count. There are no data on clinical markers of disease.

A study of 3TC is now open at Chase-Brexton Clinic. For information, call (410) 837-2050 and ask for the clinical research coordinator.

Women Receive Counseling, GYN Exams at Health Fair

BY MARIA HAMMONTREE

THE ALTERNATIVE

Organizers of the First Annual Lesbian/Gay and Bisexual Women's Health Fair had expected about 150 women to attend. But they were thrilled when more than 250 showed up at Baltimore's Waxter Center on Saturday, November 6, some from as far away as Washington, D.C., and Virginia, Frostburg and the Eastern Shore. The fair offered 25 workshops, gynecological services, HIV and STD testing, live music, dancing and child care—all at no cost.

Theresa Breschel, one of the organizers of the event, noted the diversity of women in race, age, and class, as well as their obvious enthusiasm during the day. "Speakers were amazed that women were able to disclose as much as they were," Breschel said.

Quince Hopkins, a staff attorney from the House of Ruth, a shelter and counseling center for battered women, praised the warm and safe atmosphere at the fair. This, she said, made it possible to begin real counseling: "We were able to get into people's stories, help them identify abuse and start to help some women decide where they could go from there. It's very unusual to have that kind of discussion."

Breschel added, "Clearly there was quite a need for gynecological services." Some women seeking services at the fair felt

unable to come out to their doctors for several reasons, including one who feared the loss of her military career. Volunteer staff performed 40 gynecological exams and 22 HIV screenings before running out of time.

The event was organized by four women on the Gay and Lesbian Community Center of Baltimore's Health Programs Committee. Chairperson Sharon Gorenstein is still impressed by how much they were able to do, in cooperation with Planned Parenthood of Maryland, the Baltimore City Health Department, the Baltimore Chapter of P-Flag, and the Waxter Center. "I want this to continue," Gorenstein said. "These issues aren't a once a year thing."

Chase-Brexton Clinic used the fair to launch expanded services for women. All follow-up for the fair's medical services will be handled by the clinic. Requests for support groups will be handled by the clinic's Mental Health Department.

The Health Committee may follow up on women's interests by holding quarterly women's seminars on individual topics. Another health fair will take place next year.

Gorenstein remarked that although the fair was free, T-shirts made for the event have left a \$420 debit. Arrangements are being made to sell the remaining 90 shirts at Lambda Rising and the 31st Street Bookstore.

Changing Times Bring Uncertainty for Ryan White CARE Act

194.

Federal health officials are grappling with the prospect of how to plan for categorical grant programs while the health care reform debate rages on.

Nowhere is this more apparent than with the highly touted Ryan White CARE program, which provides critical services to people with HIV infection and is up for reauthorization in 1995. The Health Resources and Services Administration (HRSA) is racing to recommend changes to the Ryan White CARE Act next year—without knowing whether a new health care system will provide improved care to people with HIV/AIDS.

HRSA's Stephen Bowen said the agency's plan is to make recommendations by next April to the U.S. Public Health Service, which will then submit a legislative package of recommendations to Congress by fall 1994. This timeline is likely to mirror Congress' consideration

of health care reform, so federal officials are forced to plan for Ryan White funding and program recommendations without details of where Congress may go on health care reform.

"We must make sure services are not lost in the transition," said Bowen at a HRSA advisory meeting in Washington, DC, on the future direction of Ryan White. Undocumented persons, teenagers, jail populations, and intravenous drug users may either be overlooked by health care reformers or unable to afford co-payments under a new system, he said, and will continue to need government-sponsored services.

AIDS advocates call the Ryan White law, which was designed to improve the quality and availability of care for persons with HIV disease and their families, one of the few success stories in the history of the epidemic. Nevertheless, AIDS Action

Council's Jay Coburn urged HRSA to conduct a comprehensive review of the program in light of the changing face of AIDS and the tensions between city and state grantees. National Minority AIDS Council's Moises Agosto said federal regulators should create a better mechanism for minorities to receive the latest HIV/AIDS treatment and research information. There is confusion in certain communities about the effectiveness of certain drug therapies, he said.

Dave Cavanaugh of the National Association of Community Health Centers urged regulators to ask for more resources for Title III(b), the smallest of the three programs that supports outpatient early intervention services for people with AIDS and HIV infection. These grants are awarded to a cross-section of community-based organizations, such as privately and federally supported community and migrant health centers, city and county health departments, family planning clinics, health care for the homeless centers, hemophilia centers, and gay and lesbian identified organizations. The largest program, Title I, funnels emergency relief grants to localities that are disproportion-

ately affected by the epidemic, followed by Title II, which helps states in supporting services to people with HIV/AIDS.

Joseph O'Neill, MD, who sees more than two dozen HIV patients a day at Baltimore's Chase Braxton Clinic, said

current funding levels fall short of providing a continuum of care for people infected with HIV, and he criticized the system for failing to absorb newly identified cases. The reality is that it may take four to six months for persons just tested for the virus to get treatment, said O'Neill.

But O'Neill warned other Ryan White CARE advocates that—in light of the limited amount of money available for AIDS care—they should not "fall prey" to fighting amongst themselves for the biggest chunk of change.

Although competition for grant money is not new, advocates agree that it is likely to intensify in the coming year as categorical grantees express concern about the future of their programs in the uncertain health care reform situation. It is clear, however, that advocates will need to educate lawmakers in 1994 on the continuing need for these programs—with or without health care reform.

The Nation's Health
APHA
1015 15th St., NW
Washington, DC 20005

Baltimore gets AIDS memorial

Baltimore's Chase-Brexton Health Services announced this month it plans to build a 12 by 12 foot wall memorializing those who have died from AIDS.

The "Wall of Courage" will consist of dozens of four inch square ceramic tiles, each bearing the name of a person who has succumbed to the disease. Proceeds from sale of the tiles, which will cost \$125 each, will go to care for Chase-Brexton clients living with HIV.

"With AIDS now being the leading cause of death in Baltimore for young persons ages 25 to 44," said Chase-Brexton Executive Director David Shippee, "we must commit to addressing the needs of those infected and affected by this horrible disease. The Wall of Courage gives many of us the opportunity to reflect on our losses while making a commitment to care for those still living."

— Darice Clark

The Washington Blade
Jan 20, 1995

City Paper 2/15/95

*One piece at a time,
we are building
a Wall of Courage*

For \$125 you can

Join the fight against AIDS & HIV disease,

Help build a dream, Remember Someone,

Help create Baltimore's Wall of Courage

By purchasing a handpainted personalized tile, you can be a part of the building of a permanent community memorial to our loved ones.

The Wall of Courage will be located in the lobby of Chase-Brexton Health Services' new home at 1001 Cathedral Street.

For more information, please call Martin at 545-4481 ext. 419 or stop by Chase-Brexton Health Services, 1001 Cathedral Street, Suite 437 to see our display of sample tiles. *Thank you.*



CHASE-BREXTON
HEALTH SERVICES

A copy of our current financial statement is available upon request by contacting Chase-Brexton Health Services at 1001 Cathedral Street, Baltimore, MD 21201 or 410.857.2050. Documents & information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying & postage.

One piece at a time, we are building a Wall of Courage

For \$125 you can *Join* the fight against AIDS & HIV disease, *Help build* a dream,
Remember someone,

Help create Baltimore's Wall of Courage

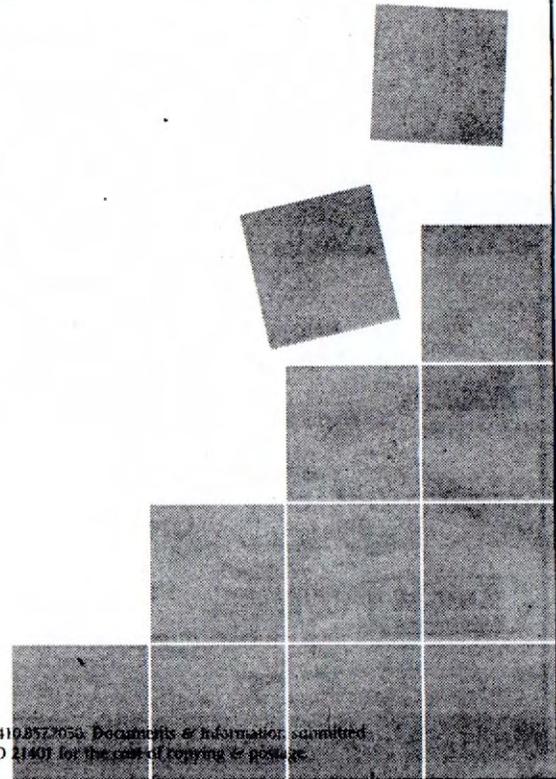
By purchasing a handpainted personalized tile, you can be a part of the building of a permanent community memorial to our loved ones.

The Wall of Courage will be located in the lobby of Chase-Brexton Health Services' new home at 1001 Cathedral Street. All proceeds from sales will benefit Chase-Brexton Health Services.

For more information, please call Lori at 545-4481 ext. 135 or stop by Chase-Brexton Health Services, 101 West Read Street, Suite 211 to see our display of sample tiles. *Thank you.*



CHASE-BREXTON
HEALTH SERVICES



Copy of our current financial statement is available upon request by contacting Chase-Brexton Health Services at 101 West Read Street, Baltimore, MD 21201 or 410.857.0550. Documents & information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying & postage.

2nd AIDS drop-in center planned for women, kids

Care and someone who will listen

By Diana K. Sugg
Sun Staff Writer

Women and children with AIDS may soon be able to find a hot meal, someone to talk to and medical care in a Baltimore drop-in center. And, rather than going into a nursing home, other AIDS patients will be able to spend their days in a cozy place designed for them.

Announced yesterday by several nonprofit groups, the proposed drop-in program and day care center are partly the products of the new realities in health care.

Managed care is rapidly taking over the traditional, often fragmented way people got medical care.

At the same time, with a Congress talking about cutting various programs, advocates worry that there will be less money for patients with acquired immune deficiency syndrome.

"We can no longer afford a situation where we work against each other. We must work together and pool our resources," said Deborah McCallum, president of HERO, a major provider of AIDS services and education.

Other partners in the unusual collaboration are Chase-Brexton Health Services, the League, Lifesongs for AIDS, AIDS Interfaith Residential Services and the United Way.

Maryland, which ranks 24th in population, ranked eighth nationally in AIDS cases, according to the latest available figures from the U.S. Centers for Disease Control and Prevention.

Nearly 11,000 Marylanders have been diagnosed with AIDS since the start of the epidemic in 1981. By the end of last year, 6,054 of those people had died, state figures show.

HERO already runs a crowded drop-in center in Baltimore for about 700 male AIDS patients. Dr. Leonardo Ortega, the agency's executive director, said his staff will create another to serve about 300 women and 44 children under age 12.

Women are among the fastest growing groups becoming infected with HIV, which causes AIDS. In 1987 women made up made up 13 percent of newly diagnosed

cases, state figures show, but by 1993, that number grew to 23 percent.

At the new drop-in center, these women will be able to talk with a social worker, vent their frustrations in a support group or get leads on temporary jobs. The services will be free.

The second piece of the collaborative effort — the day care center — will be just one of five such centers in the country, officials said.

The center would serve about 60 to 70 AIDS patients starting in September. It would be run by the League but funded by several groups.

Phillip Holmes, executive director of the League, said it already runs a day care center for victims of head trauma, providing transportation, occupational therapy, counseling, meals and medical care.

The United Way of Central Maryland will donate \$243,000 for start-up costs, subject to the approval of its board. Lifesongs has promised \$25,000 a year for five years for operating costs. Federal money will also help fund the center, and Medicaid may reimburse for the services, Mr. Holmes said.

In another sign of health care changes — in which purchasers are increasingly demanding proof that their dollars are being put to good use — the nonprofit groups plan to do cost-benefit analyses. Both projects will include case managers.

"We are going to tell the community where their dollars are spent and how," said Norman Taylor, United Way president.

Eventually, the day care program and drop-in center might be presented to managed care companies as affordable alternatives to existing ways to care for AIDS patients, said David Shippee, executive director of **Chase-Brexton Health Services.**

Dr. Peter Beilenson, city health commissioner, lauded the effort to make things easier for AIDS patients by pulling together services.

"It's a great idea," Dr. Beilenson said.

"Hopefully, that concept would be expanded on to make entire AIDS/HIV health centers."

State wants all Medicaid patients in HMOs

By Diana K. Sugg
Sun Staff Writer

Savings expected to enable coverage of 100,000 more people

State health officials are planning a major change in the way nearly half a million poor Marylanders get their health care.

For years, a small number of these patients, mostly women and children, voluntarily have enrolled in health maintenance organizations. A larger number go to designated primary care doctors who coordinate care.

But with the help of legislation passed last week, health officials want to require all Medicaid patients to be in HMOs.

By moving to managed care, offi-

cialists believe they will save enough money to cover roughly 100,000 additional people. That is only one-sixth of the state's uninsured population, but it would mean many working people who don't have health insurance could get basic health care.

The strategy is a common one for states around the country struggling with soaring Medicaid costs and rising numbers of uninsured people.

Medicaid, the federal-state health program for the poor, has been the fastest-growing item in

state budgets, accounting for roughly 18 percent of states' total expenditures. Poor women and children, along with elderly, blind and disabled people, get their health care through it.

In Maryland, the Medicaid budget has doubled over the last six fiscal years, reaching \$2.1 billion. And roughly 115,000 more people lost their health insurance in 1983, the most recent year for which figures are available.

In the private market, the desire to lower costs is pushing change. Moving people into managed care is

becoming the rule. Hospitals are restructuring staffs. Companies are dropping the familiar indemnity plans that allowed workers to choose their doctors and see them whenever they wanted.

For states, shifting patients into managed care can be controversial, but its promise is appealing.

By putting everyone in HMOs, officials hope to stop unnecessary use of emergency rooms and shorten hospital stays. The resulting savings can amount to 5 to 10 percent, according to national studies.

But the plan must be approved

by the federal government because it means bypassing some regulations. So far, nine states have been granted waivers to try similar experiments. Nearly a quarter of all Medicaid patients nationwide are enrolled in some kind of managed care, a 57 percent increase over 1983, figures show.

To strengthen their case, Maryland officials won the General Assembly's approval to seek a federal waiver even though legislative backing is not required to apply for one. Lawmakers passed a bill sponsored by Sen. Paula C. Hollinger, a Baltimore County Democrat, that

See MEDICAID, 15C

MEDICAID: State wants all recipients enrolled in HMOs

From Page 1C

also put in place key safeguards. The state health department, for instance, would hold HMOs accountable for making sure that children get immunizations and women get mammograms.

After vociferous criticism from community clinics and hospitals that have cared for these patients and feared they would lose the patients to HMOs, the bill was amended to ad-

dress their concerns. These so-called "essential providers" would be able to form managed care networks, essentially acting as HMOs to compete and care for the patients.

The legislation calls for a broad-based steering committee to work out crucial details in the coming months.

The law also gives the state health department expanded enforcement powers. Now, the department can take steps such as sus-

pending further enrollment and withholding payments to HMOs that fail to abide by their contracts. Under the new legislation, that authority may include fines.

Even with penalties, some questioned whether the state should turn over such a huge program to HMOs, many of which have a profit motive.

"How much of the savings are going to be on the backs of the Medicaid patients, who are going to get less care? . . . I don't see how you're going to control insurance companies from making excessive profit," commented Del. Leon G. Billings, a Montgomery County Democrat, at a recent hearing.

Dr. Martin P. Wasserman, the state's health secretary, responded: "We're not in here to increase the profit of an HMO. We're here to provide the best quality care for the recipients."

Now, only a quarter of the state's 467,000 poor patients are in HMOs. Another 45 percent are in a loosely structured gatekeeper system. The rest are still able to go to doctors without restrictions.

For Baltimore patients like Carole McCarthy, the new way is working.

"Before, it was like you took a back seat to everyone else," said Ms. McCarthy, 49. She said doctors "were more worried about the patients who were paying" and complained that she couldn't see the same doctor twice. Now, at the Highlandtown Community Health Center, she has a doctor she loves. She gets flu shots every winter, so she doesn't get pneumonia.

According to state officials, the gatekeeper system she is in, called MAC — for Maryland Access to Care Program — will become more like an HMO, with stricter controls on referrals.

But putting Medicaid patients into managed care can be controversial because studies show they are poor, disproportionately young, poorly educated and often without transportation. Advocates for the poor worry that HMOs won't do as good a job as community clinics are doing now.

"People have been put into this new system that they don't understand," said Dr. Barbara Weis, medical director of the Pediatric AIDS Demonstration Project at Sinai Hospital. "In principle, it's a good thing. . . . The major problem is that people aren't doing education."

"Many managed care plans have only recently begun to serve the

Medicaid population and are "inexperienced" in marketing to and caring for, these patients, according to a new independent report from the Kaiser Commission on the Future of Medicaid.

Meanwhile, managers of several clinics and others contend some HMOs that already cover Medicaid patients aren't doing the job.

School-based clinics in the city are caring for many people who can't get to their assigned HMOs because of location or overcrowded appointment schedules, said Dr. Peter Bellenson, city health commissioner. He said the clinics aren't getting reimbursed for these services.

"It's basically like free money. The HMOs are making a fortune," Dr. Bellenson declared. But he supported the Hollinger bill because it gives the legislature oversight authority and allows clinics to compete for patients.

David Shippee, executive director of Chase-Brexton Health Services, a Baltimore clinic that takes care of many uninsured, poor people and people who have AIDS or are HIV-positive, said he worries that patients with difficult, chronic conditions may be shortchanged by HMOs.

But state officials point to an independent analysis of their MAC program that found costs dropped 6.9 percent, the number of children with preventive screening was up 16 percent, and people received more primary care visits than they had under the previous fee-for-service system. And HMO representatives said they are providing comprehensive benefits and quality service.

"We fully anticipate our continued involvement as we fashion a health care delivery system which promotes quality, wellness, access and choice, particularly for those whose medical and social needs are often unmet," said Vanessa Carroll, assistant vice president at Total Health Care Inc., an HMO that covers 24,000 Medicaid patients in Baltimore.

Maryland's plan is a microcosm of what's going on around the country, said Kala Ladenheim, an expert in state health care policy at George Washington University.

"It's a sea change that's happening in the public and the private sector, in how we receive health care," Ms. Ladenheim said. "It looks a lot more like getting health care from a grocery chain than from the corner butcher and baker."

HOLIDAY CLOSINGS

This schedule will be in effect in the Baltimore area tomorrow:

ANNE ARUNDEL COUNTY

County offices open
Courts open
Libraries open
Public schools closed
Trash pickup as normally scheduled

ANNAPOLIS

City offices open
Courts open
Parking meters food
Public schools closed
Trash pickup as normally scheduled

BALTIMORE

City offices open
Courts open
Libraries open
Parking meters food
Public schools closed until April 24
Trash pickup

BALTIMORE COUNTY

County offices open
Courts open
Libraries open
Parking meters food
Public schools closed until Wednesday
Trash pickup as normally scheduled

CARROLL COUNTY

County offices open
Courts open
Libraries open
Public schools closed until Tuesday

FREDERICK COUNTY

County offices open
Courts open
Libraries open
Public schools closed until Tuesday

HARFORD COUNTY

County offices open
Courts open
Libraries open
Public schools closed until Tuesday
Trash pickup, ask contractor

HOWARD COUNTY

County offices open
Courts open
Libraries open
Public schools closed until April 24
Trash pickup as normally scheduled

OTHER SERVICES, ATTRACTIONS

Banks, S&Ls: open
Federal offices open
Federal courts open
Post offices open
State offices open
State and federal income tax filing deadlines have been extended to midnight tomorrow
MTA buses regular schedule
Baltimore subway (Metro) regular schedule
Light Rail regular schedule
MARC service regular service
Baltimore Museum of Art closed
Walters Art Gallery closed
National Aquarium open 9 a.m. to 5 p.m.
Science Center open 10 a.m. to 6 p.m.
Zoo open 10 a.m. to 4:20 p.m.
City Life Museums closed

J. Alvarez-Dominguez

Childhood specialist

Joaquin Alvarez-Dominguez, a child development specialist, died April 17 at the Stella Maris Hospice of a brain infection. He was 34 and lived on West Lombard Street.

Dr. Alvarez had worked for about three years for the Family Start program of Friends of the Family. For several years before that, he taught elementary school classes in Anne Arundel County.

A native of Cuba who was raised in Puerto Rico, he graduated with highest honors in psychology and sociology from the Pontifical Catholic University of Puerto Rico in Ponce. He earned a doctorate in early childhood education at the Pennsylvania State University before coming to the Baltimore area in the late 1980s.

Dr. Alvarez was on the board of Chase-Brexton Medical Services Inc. and was a former vice president of the Gay and Lesbian Community Center of Baltimore, which gave him its Elliott Brager Volunteer Award in 1992.

A memorial service for Dr. Alvarez was to be held at 1:30 p.m. today at his home at 1419 W. Lombard St.

He is survived by his special companion, William Keller of Baltimore; his parents, Luis Alvarez-Silva and Nidia Alvarez-Dominguez, both of San Juan, Puerto Rico; a sister, Louisa Alvarez-Dominguez of San Juan; two brothers, Victor and Luis Alvarez-Dominguez, both of San Juan; two nieces; and a nephew.



JED KIRSCHBAUM/SUN STAFF PHOTO

Rainy debut

Abigail Hoffman, a facilitator at the AIDS/HIV Support Group of Jewish Family Services, shields herself from the rain that fell during the grand opening of Chase-Brexton Health Services' new building in Baltimore. The clinic serves the uninsured poor and people with AIDS.

A Cathedral Street home for health care for HIV patients

Chase-Brexton moves to expand

By Edward Gunts
Sun Staff Writer

There's a sad irony involving the Cathedral Street building that was selected as the new home for Chase-Brexton Health Services Inc.

In the late 1970s and early 1980s, it was the home of Girard's, one of the most sophisticated discos Baltimore had ever seen — the local equivalent of New York's Studio 54.

Now, as the headquarters of Chase-Brexton, it's home for Maryland's largest community-based provider of HIV-related health care.

And many of the people who go there now for care were once patrons of the well-known nightclub.

The connection was noted several times during ceremonies held Tuesday to mark the grand reopening of the four-story building at 1001 Cathedral St. and the unveiling of a Wall of Courage memorial inside the front entrance.

"From the 'seventies and 'eighties disco scene to contemporary health care facility," announced Chase-Brexton executive director David Shippee, as if reading a headline to the several hundred people who gathered in the rain for the ribbon-cutting.

The building that housed the nightclub, which went out of business after it was damaged by a five-alarm fire in late 1985, is just one of many structures in Baltimore and around the nation that have been renovated to help care for people with the human immunodeficiency virus that causes AIDS.

"I've calculated that 1 million square feet of space has been redesigned, renovated and otherwise brought on line to do what we do here," Mr. Shippee said. "And that's not counting academic medical centers. It's an amazing amount of space."

Established in 1972, Chase-Brexton is a nonprofit organization that provides medical, psychological and social services without regard for the recipient's ability to pay. It has been providing primary care services to HIV-infected adults since 1988. It moved to Cathedral

Street after outgrowing its quarters in the Medical Arts Building one block away.

The building rededicated on Tuesday was constructed in 1923 as home for the Cleveland Automobile Co. and later housed the Bittorf Ford dealership. Part of the Mount Vernon historic district, it was designed by Smith and May, one of the firms that worked on the NationsBank tower at 10 Light St. Its distinctive features include Italian marble details, sculpted stonework and cast-iron grillwork.

Following its stint as a nightclub from 1978 to 1985, it was renovated for medical office use by G. W. Helfrich Inc., with Schamu Machowski Doo and Associates as the restoration architect. But Helfrich was unable to find tenants for the 21,000-square-foot building and lost it to Signet Bank in a 1992 foreclosure.

Chase-Brexton bought it from Signet in 1993 for \$550,000 and has spent \$292,000 on renovations. Garey Lambert, vice chair of Aids Action Baltimore, described it as "a strong testament to the community's perseverance and will."

As part of the latest conversion, street-level space is occupied by the City Cafe and Lammas Women's Books and More. Upper floors contain medical treatment rooms, offices and waiting areas of the clinic. James Morrison of RTKL Associates designed Chase-Brexton's space at 30 percent of the going rate for design services. Schaefer Construction Co. was the general contractor.

The Wall of Courage is Baltimore's only "living AIDS memorial." It consists of 4-inch-square ceramic tiles bearing the names of people who have died of AIDS, a leading cause of death for men and women in Baltimore between the ages of 25 and 44. Each tile represents a \$125 donation, and the proceeds are used to provide care for Chase-Brexton clients. So far, 150 tiles are in place, and there is room for 1,000.

Chase-Brexton's capital campaign has raised \$209,000 to help pay for the renovation of 1001 Ca-



JED KIRSCHBAUM/SUN STAFF PHOTOS

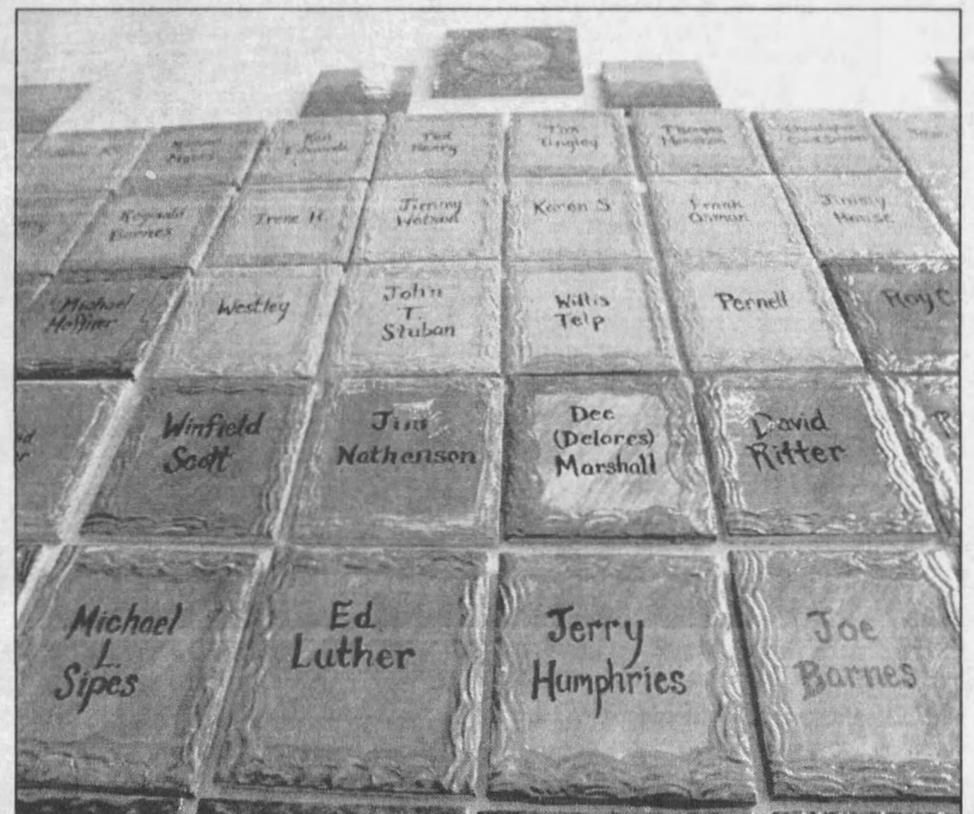
People gather for the ribbon-cutting at the new home of Chase-Brexton Health Services. Below are tiles on the Wall of Courage.

thedral St., with and will not end until it has met its goal of \$292,000.

"Our job is to continue the fight against AIDS," said Merle McCann, president of the board of directors. "The need for money is still there."

James Rouse lecture

Urban visionary James W. Rouse will speak about "Housing Initiatives and the Enterprise Foundation" in a public talk at the Maryland Historical Society, 201 W. Monument St., on May 16 at 5:30 p.m. It is the seventh annual Alexander Cochran Lecture sponsored by the Baltimore Architecture Foundation. Tickets are \$5 for members of the foundation and the historical society, and \$8 for others. Information: 625-2585.



Baltimore service providers team up to open drop-in center

Several area nonprofit groups, including Health Education Resource Organization (HERO), Chase-Brexton Health Services, AIDS Interfaith Residential Services (AIRS), The League and The United Way of Central Maryland have combined resources to provide solutions to attend to the day-to-day needs of HIV/AIDS patients not requiring hospitalization or hospice care, but still needing care, counseling and medical attention on a daily basis.

It was announced April 4 that a drop-in center and day care program are currently being developed as a way to better serve people with AIDS in the community.

The drop-in center will provide free services, and the day care center would serve 60 to 70 AIDS patients starting in September. It would be run by The League but funded by several groups.

Philip Holmes, Executive Director of The League, said of the collaboration, "The League welcomes the opportunity to collaborate with Lifesongs, AIRS, Chase-Brexton, HERO, the United Way and others to develop a crucial program that will serve people with AIDS in the community. We look forward to offering a full range of disability services to people with AIDS."

Holmes said the League already runs a day care center for victims of head trauma, providing transportation, occupational therapy, counseling, meals and medical care.

HERO's drop-in center serves about 700 male AIDS patients. Dr. Leonardo Ortega, HERO's Executive Director, said another will be created to serve approximately 300 women and 44 children under age 12.

"HERO's Drop-In Center is one of the best

programs we offer to people living with AIDS," said Ortega. "HERO has identified a greater need for services to women and children. The numbers of cases are rising. Therefore, we must expand our services at the Drop-In Center. We're pleased to be a part of this effort."

Women are among the fastest growing groups becoming infected with HIV, which causes AIDS. In 1987 women made up 13 percent of newly diagnosed cases, state figures show, but by 1993, that number grew to 23 percent.

The United Way of Central Maryland will donate \$243,000 for start-up costs, subject to the approval of its board. Lifesongs has promised \$25,000 a year for five years for operating costs.

David Shippee, executive director of **Chase-Brexton Health Services**, said the day care program and drop-in center might be presented to managed care companies as affordable alternatives to present ways to care for PWAs.

Lifesongs' Beaux Ball

Since 1988, Lifesongs concerts have raised over \$950,000 to benefit the fight against HIV/AIDS. Many well-known entertainers have performed on behalf of Lifesongs, including Roberta Flack, Michael Feinstein, Liza Minelli, Ray Charles and Marvin Hamlisch. The Lifesongs Committee has decided that the event must evolve from its present structure to respond to the growing outcry from the community, so Lifesongs for AIDS was formed to enable it to initiate new and creative ideas, and to produce a series of events in addition to the annual concert.

Lifesongs for AIDS will present the 1995 Beaux Arts Ball on Saturday, April 29 at the Baltimore Museum of Art. The Beaux Arts Ball will benefit The League, a full-service daytime care facility for people with AIDS, and the Health Education Resource Organization's (HERO) Women and Children's programs at the HERO Drop-In Center.

The 1995 Beaux Arts Ball admission is \$75. The April 29 event is scheduled from 8 p.m. until 1 a.m. at the BMA. For more information, call (410) 243-7787.

NO JOB TOO BIG... NO JOB TOO SMALL

**DRS PLUMBING
& HEATING**

Peter Sulewski
(410) 276-0005

Registered Master Plumber





PHOTO BY JOSEPH KOHL



PHOTO BY JOSEPH KOHL

On May 2, as this paper hits the streets, Chase-Brexton Health Services officially celebrates the completion of its move into a new home, the freshly renovated building at 1001 Cathedral St., on the corner of Eager Street. The medical clinic, which serves the gay and HIV communities, bought the building last year and, in the fall, began moving from its old location in the Medical Arts Building on Read Street.

As part of the May 2 ceremony, Chase-Brexton will unveil the Wall of Courage—the only permanent monument to Baltimoreans who have died of AIDS—displaying colorful ceramic tiles with the names of people who have died during the epidemic.

Chase-Brexton occupies the upper levels of the Cathedral Street building; it leases the ground floor to the Lammas bookstore and the City Café. At the opening, Mayor Kurt Schmoke and Attorney General Joseph Curran, the keynote speaker, are expected to praise the clinic for helping to rejuvenate a small corner of the city.

But the move is more than a change of address. In making a new home, the medical facility is remaking itself, even changing its name from the Chase-Brexton Clinic to Chase-Brexton Health Services Inc. With the move to its new light-filled, cheerful medical offices in the handsome building in the heart of Mt. Vernon, the clinic is also moving in the direction of providing fuller services for the gay, lesbian and bisexual community that gave the clinic its beginning.

In separate conversations, Chase-Brexton Executive Director David Shippee and Dr. Merle McCann, the president of the board, discussed the considerations that brought the clinic to its grand opening and reflected on the challenges it faces.

"We're at a time of change," said McCann. "The AIDS epidemic has changed because the disease demographics have changed. We're trying to envision how we're going to survive and be operating five years from now."

Toward this end, Chase-Brexton is seeking to become a federal-qualified health center, making it possible to receive payment from federal medical assistance.

"This might be a way of becoming self-sustaining and getting paid for what we already do. This might be a way to fund lesbian and gay health projects," McCann remarked.

But to become a federal-qualified health center, the clinic must provide general primary care services. At present, Chase-Brexton's annual report describes it in terms of providing HIV care.

"We're still wrestling with the notion of general primary care that's non-HIV-related, for non-HIV patients, particularly in the gay community," says Shippee.

He explained: "Historically, in the last several years, people think of us as the AIDS clinic. I think that we'll continue to fill a very great need in that roll, but I think that it needs to be perceived as the community's clinic."

Chase-Brexton hopes to reach the marginally insured, underinsured and those looking for a home for medical services, Shippee said. Eventually care could run from cradle to grave and include contracts with medical providers elsewhere.

"I'd like to think that, through all the managed care escalation, we'll be recognized as a provider of excellence in the gay community, for other issues than for HIV

The Doctor is in

FROM ITS BRIGHT, NEW HOME, CHASE-BREXTON VIEWS THE FUTURE

BY MARIA HAMMONTREE

disease," Shippee continued.

Chase-Brexton's staff, after all, is especially sensitive to providing care to the gay and lesbian community.

"It just so happens that the zip code we live in has a very large number of gay, lesbian and bisexual residents. We ought to be about serving them, because, quite frankly, in the early days, that is the community that supported this clinic. ... We need to reinvest in the community."

Chase-Brexton has recently nurtured two



PHOTO BY JOSEPH KOHL

David Shippee with the clinic's medical director, Dr. Carla Alexander

notable alliances, putting it in a good position to widen its spectrum of care in the future.

"We have been in negotiations with Maryland General Hospital to provide education for their housestaff in HIV care and to provide attending rounds and help with HIV care in their hospital," says McCann. He anticipates hiring a full-time physician to oversee this service.

Dr. Robert Kent, one of three full-time physicians at Chase-Brexton, is looking forward to the relationship: "I already help provide clinical education for doctors from all over the country, who are sent here from Johns Hopkins and elsewhere for one month or more."

Additionally, Chase-Brexton is the first subspecialty provider recognized for AIDS and HIV for MDIPA, the largest health maintenance organization in the state. Looking down the road of the health care debate, Shippee sees debate on turning state-run medical assistance over to HMOs.

"It's inevitable that we will develop relationships with other HMOs."

Both Shippee and McCann allude to struggles during board meetings between the calls for increased services and for financial practicality.

Shippee pauses to frame his observations. "It's common in any community-based organization. If you look at the HIV epidemic, people that first grabbed the flag pole and ran up the hill were people who were affected, infected, people who felt passionately about what was happening to their commu-

nity. No one is going to fault them for wanting to do that. But as you take a community-based organization like this running off the back of an envelope to what has to be an accountable business, the direction and focus of the board have to move with that."

Shippee goes on to point out the invaluable role of volunteers in every aspect of the health clinic's operations, from volunteer physicians to office support. The present intent is not to change the direction or heritage of Chase-Brexton, but to expand the services and target community needs.

It is crucial to keep in mind what the clinic is about, McCann stresses: "Despite any squabbles about the direction in which you are going, the thing is to remember that people are dying and that somebody has to be there to provide care. We just lost the secretary of our Board, Joaquin Alvarez."

At any given time there are at least three or four staff members with HIV. McCann adds that his own partner, AIDS activist John Stuban, had the financial means to go elsewhere for HIV care but chose Chase-Brexton because "in his life and in his dying he treated him with compassion and sensitivity. People like Joaquin and Johnny are dead and we need people to take up the banner."

In its commitment to serving the HIV communities, Chase-Brexton has become a political advocate. The clinic now offers the only anonymous HIV testing service in Baltimore—a service Marylanders almost lost under the Schaefer administration.

"In the three previous years, 98 percent of my time spent in Annapolis was to preserve the anonymous testing experience and I don't think people know how close they came to losing that privilege in Maryland for two years in a row," Shippee recalls. "The fact that we get so many people who come back religiously to be tested and

retested says a lot. In our new approaches, the testations on college campuses, 70 to 80 come in one day because we made it accessible and approachable."

Shippee, with his focus on health care financing and reform, is especially intent to send Medicaid patients to HMOs. His success will have an impact on patients like Shirley, who lost her health care

job and her insurance after getting HIV and is now dependent on medical assistance.

"I know many nurses who are scared to stick their head in the door of a patient who had AIDS, let alone hug them, hold their hand," Shirley says.

"At Chase-Brexton, they'll hold your hand and they'll let you cry on their shoulder. My daughter doesn't know I have HIV, and she's been going with me to see my doctors. I like that it's a clinic, not an HIV clinic. And when I'm at Chase-Brexton I know that everyone around me is going through what I'm going through."

"So leave it alone. Let me continue to go where I feel comfortable, accepted, loved, and I get the care I need."

Long before the opening of its new building, Chase-Brexton had outgrown the digs in the Medical Arts Building, offering extensive services for patients, from the largest anonymous HIV testing service in Maryland to full patient care ranging from outpatient, to home, hospital and hospice care.

Besides providing enough room for these needs, the new facility now gives the Chase-Brexton a dedicated space for the women's health service, and the Sexually Transmitted Disease Clinic now has more examining rooms and larger treatment areas (one is dedicated to the memory of John Stuban).

The new building also allows the addition of an in-house pharmacy operated in conjunction with the Medical Arts Pharmacies. Half of the start-up money for the pharmacy was donated in memory of an HIV patient who died last year.

Kent emphasizes that the medical service has a holistic view, and "doesn't just push pills." Case managers and mental health workers on site provide counseling and run various groups for patients and their families. (See sidebar.)

One of the surprises for Shippee was the success of a children's group. "It's been able to work through their issues of a parent or their parents dying and how they go forward."

For patients like Shirley, the opening of the new, expanded Chase-Brexton holds a lot of hope, and offers them greater safety and security, even as it honors an established tradition of compassion and excellent care for the gay community.

For more information about the services offered at Chase-Brexton, call (410) 837-2050.

CHASE-BREXTON SUPPORT GROUPS

HIV-Positive Gay Men's Support Group: Mondays, 1 p.m.

Substance Abuse (Alcohol/Drugs, open to anyone): Mondays and Wednesdays, 5:30 p.m.

HIV-Positive Women's Club: Tuesdays, 10 a.m.

HIV-Positive Support (Men and Women): Tuesdays and Thursdays, 5:30 p.m.

Caregiver/HIV-Negative Support: Wednesdays, 4 p.m.

Gay Men's Coming Out Group: Wednesdays, 6 p.m.

Participants should speak with a group leader before entering a group. For more information about support groups, call Patricia Commiskey, 410-545-4481, x 428.



PHOTO BY JOSEPH KOHL

The new waiting room, bright and airy.



CHASE-BREXTON
HEALTH SERVICES

**Maryland's largest community-based
provider of HIV primary care
is now proud to offer
GENERAL PRIMARY CARE
regardless of HIV status**

**Proudly serving the Gay and Lesbian Community
for two decades**

- **Anonymous HIV Testing & Counseling**
- **HIV Medical Care**
- **Case Management**
- **Nutritional Assessment and Counseling**
- **Mental Health Services**
- **Women's Health Services**
- **Sexually Transmitted Disease Services**

*As the United Way Campaign begins this September, please remember
CBHS. Our designation number in the Combined Charity, Combined
Federal, and Maryland Charity Campaigns is 5672.*

**1001 CATHEDRAL STREET
BALTIMORE, MD 21201
(410) 837-2050**



RELATIONSHIP GROUP FOR WOMEN

Chase Brexton Health Services is forming a therapeutic group to explore relationship dynamics from childhood to adulthood, Relationships Across the Lifespan. This group is for lesbian and bisexual women. This 8-week group begins tonight and will meet every Tuesday evening at CBHS at 1001 Cathedral St. from 7-8:30 p.m. For info call Esther at 837-2050 x 412.



CHASE-BREXTON
HEALTH SERVICES

Maryland's largest community-based
provider of HIV primary care
is now proud to offer
GENERAL PRIMARY CARE
regardless of HIV status

Proudly serving the Mt Vernon Community
for two decades

- Anonymous HIV Testing & Counseling
- HIV Medical Care
- Case Management
- Nutritional Assessment and Counseling
- Mental Health Services
- Women's Health Services
- Sexually Transmitted Disease Services

*As the United Way Campaign begins this September, please remember
CBHS. Our designation number in the Combined Charity, Combined
Federal, and Maryland Charity Campaigns is 5672.*

1001 CATHEDRAL STREET
BALTIMORE, MD 21201
(410) 857-2050



CHASE-BREXTON
HEALTH SERVICES

**Maryland's largest community-based
provider of HIV primary care
is now proud to offer
GENERAL PRIMARY CARE
regardless of HIV status**

**Proudly serving the Gay and Lesbian
Community for two decades**

- **Anonymous HIV Testing & Counseling**
- **HIV Medical Care**
- **Case Management**
- **Nutritional Assessment and Counseling**
- **Mental Health Services**
- **Women's Health Services**
- **Sexually Transmitted Disease Services**

*As the United Way Campaign begins this September, please remember
CBHS. Our designation number in the Combined Charity, Combined
Federal, and Maryland Charity Campaigns is 5672.*

**1001 CATHEDRAL STREET
BALTIMORE, MD 21201
(410) 857-2030**

HIV SERVICES

AIDS CLEARINGHOUSE — The CDC National AIDS Clearinghouse, a national HIV/AIDS reference, referral, and distribution service, offers a new HIV/AIDS Treatment Information Service. Call (800) HIV-0440, TDD (800) 243-7012, Mon.-Fri., 9 a.m.-7 p.m. EST.

AIDS INFO — Call Hotline II BBS at (410) 799-7949 to learn about their gay and AIDS-related information services. PWAs may receive reduced rates.

AIDS TELECONFERENCE — The University of Wisconsin-Stout will sponsor an interactive training seminar on the psychosocial aspects of AIDS to be broadcast live via satellite to 125 sites across the U.S. and Canada. *The Second Decade of AIDS National Satellite Teleconference* is scheduled for broadcast on Wed., Sept. 20, 11 a.m. (EDT). The seminar is designed to benefit social workers, psychologists, nurses, family practitioners, peer counselors, home healthcare workers, volunteers, and students. Registration is \$85. Attendees will be awarded continuing education and continuing medical education credit. To register, call (715) 232-2693.

ANNE ARUNDEL SUPPORT — HAVEN, the HIV/AIDS Volunteer Enrichment Network in Anne Arundel County, offers support to HIV-positive individuals. Call Steve at (410) 263-1458; Bill at (410) 280-5304; or Terry at (410) 923-0313. The next Buddy Training Program takes place on June 23-25. Call Freda Christie at (410) 280-AIDS.

BALTIMORE CO. CLINIC — The Baltimore County Dept. of Health and the Greater Baltimore Medical Center now offer a clinic for the medical evaluation of HIV-positive patients. The clinic does not handle primary care, but continuous care can be arranged through GBMC's Faculty Practice Clinic. The clinic operates at GBMC, in Towson, every other Thursday, 1:30-4:30 p.m. For info or to make an appointment call the AIDS office at (410) 887-2913.

BILINGUAL AIDS HOTLINE 1-800-638-6252 — A statewide HIV/AIDS information and referral hotline in English and Spanish is available 9 a.m.-1 p.m., Mon.-Fri. All calls are strictly confidential and callers may remain anonymous. Call toll-free, (800) 638-6252. Callers from Baltimore may dial 333-AIDS or 945-AIDS (2437). The hotline also has a TDD number for the hearing-impaired at 1-(800) 553-3140.

CAREGIVERS RETREAT — Sharing the Grace, a retreat for caregivers of people with AIDS, takes place Fri., Sept. 15-Sun., Sept. 17 at Missionhurst, a Catholic retreat center. Overnight registration

is \$95; commuter registration is \$50. For information, call the Diocese of Virginia at (800) DIO-CESE or (804) 643-8451.

CHASE-BREXTON SUPPORT GROUPS (ONGOING)

Mondays—HIV-Positive Gay Men's Support Group; Addictions Treatment for HIV-Positive Persons; Gay Men's Psychotherapy; Gay Men's Coming Out Group. **Tuesdays**—HIV-Positive Women's Group; HIV Positive Group (Men and Women). **Wednesdays**—Addictions Treatment for HIV-Positive Persons. **Thursdays**—HIV-Positive Group (Men and Women). Anonymous HIV Testing and Counseling, HIV Medical Services, and General Primary Care are available by appointment. Chase-Brexton Health Services is located at 1001 Cathedral St. in Baltimore. For information, call Patricia Commiskey at (410) 545-4481 ext. 428 or (410) 837-2050.

CHASE-BREXTON SUPPORT GROUPS (TEMPORARY)

Tuesdays, Sept. 12-Oct. 17, 7:30-9 p.m.—Bereavement Support Group for individuals who have lost someone to HIV Disease/AIDS. For information, call Esther Margolius at (410) 837-2050 ext. 412.

COUNSELING — The Whitman-Walker Clinic of Suburban Maryland will offer individual, group, couple, and family therapy to anyone who is HIV-positive or whose life has been affected by HIV/AIDS. Wednesday afternoons for people living with HIV/AIDS, first and third Thursdays of each month for significant others. The clinic is located at 7676 New Hampshire Ave., Suite 411, Hyattsville. Call Lisa Porto for information, (301) 439-0731.

ELIZABETH TAYLOR AIDS FOUNDATION — ETAF raises funds and provides those funds to AIDS service organizations throughout the world for support services for PWAs and for AIDS education. To request funding guidelines, write to Elizabeth Taylor AIDS Foundation, P.O. Box 17160, Los Angeles, Calif., 90017.

EXPERIMENTAL TREATMENT — Chase-Brexton Health Services is seeking medically eligible men and women over 18 years old for an experimental treatment program for HIV-associated catabolism (AIDS wasting). Call Jared Christopher at (410) 837-2050.

GAY OUTREACH — The Division of Outreach to Special Populations of the state AIDS Administration offers HIV prevention information to gay men, lesbians, and bisexuals. Call Chris or Dave at (410) 767-5435.

HARFORD COUNTY SUPPORT — For info about support groups for people living with HIV/AIDS and their loved ones in Harford County, Call Dee at (410) 638-8419.

HELP WITH BILLS IN P.G. — Rental and utility bill assistance for PWAs in Prince George's County is available from the Suburban Maryland Whitman-Walker Clinic, (301) 439-0731.

HERO AIDS HELPLINE 244-8179 — In the Baltimore metropolitan area, call 244-8179, elsewhere in Maryland, call (800) 376-HERO (4376). Available 24 hours a day.

HERO SUPPORT GROUPS — HERO's Educational and Life-Affirming Topics for Healthy Living (H.E.A.L.T.H.) support group for HIV-positive persons meets every Friday from 3-4:30 p.m. at HERO's main office on the 8th floor of 101 West Read Street. Call Joe Scaletta at (410) 685-1180.

HIV/AIDS JOB BANK — Whitman-Walker Clinic has a free job referral service for people with HIV/AIDS. To register, call Bill Fitzgerald at (202) 797-4439, or write: Whitman-Walker Job Bank, 1407 S St., NW, Washington, D.C. 20009.

HIV/AIDS SUPPORT GROUP — A support group for people with HIV/AIDS meets Wednesdays at 7:30 p.m. at SS. Philip and James Church (Rectory), 2801 N. Charles St., Baltimore. (410) 235-2294.

HOME CARE — Whitman-Walker Clinic offers Home Health Care services to home-bound District residents with AIDS. The clinic also runs a phone-buddy program in which trained volunteers telephone clients once a week to check on their condition. For information on clinic services, call (202) 797-3500.

JEWISH AIDS OUTREACH — Jewish Family Life Programs offers support groups for people in the Jewish community who are affected by AIDS. The groups meet twice a month on Wednesdays from 7:30 to 9:00 p.m. at Jewish Family Services, 5750 Park Heights Avenue in Baltimore. For more information, call Alice Kolman, (410) 466-9200 ext. 387.

MANAGING PAIN — Important information on cancer and AIDS pain management is available 24 hours a day from the Roxanne Pain Institute at (800) 335-9100.

MEDEXPRESS — The National Association of People With AIDS (NAPWA) announces MedExpress, a mail-service pharmacy. For information or a brochure, call (800) 808-8060.

ON-LINE AIDS INFO — The National Library of Medicine has eliminated charges for searching three AIDS-related databases and an on-line directory. Call Robert Meinert at (301) 496-6308 for details.

PRESCRIPTION PROBLEMS? — Whitman-Walker Clinic's Legal Services Department would like to hear from persons who have

encountered any difficulties in receiving approval from Trigon/Blue Cross-Blue Shield for HIV-related drugs. If you have health insurance with Trigon/Blue Cross-Blue Shield and have been required to go through a lengthy pre-approval process to get prescriptions filled, or if you have experienced any HIV-related discrimination by Trigon/Blue Cross, please call the Legal Services Department of Whitman-Walker Clinic at (202) 797-3527. All calls are strictly confidential.

PL. ACTIVE — PL. Active is a service/social organization for the active person living with AIDS. It aims to foster camaraderie, access to AIDS services, and AIDS awareness. The group meets weekly (at least) for lunch and other activities. Call (202) 986-7013.

POSITIVE FRIENDS IN PENN. — Dignity/Central Pennsylvania announces the sponsorship of Positive Friends, a support group for HIV-positive gay men. The group offers an opportunity to share concerns, encouragement, and support. Confidential inquiries can be made to Positive Friends c/o Dignity, P.O. Box 297, Harrisburg, Pa. 17108-0297.

PWA COALITION — A support group for PWAs meets Saturdays at 11:30 a.m. at a private home. Call (410) 625-1677 for details.

QUILT — To donate to the Names Project and become a Friend of the Quilt, call (415) 882-5500.

RED TAPE ASSISTANCE — The Whitman-Walker Clinic of Suburban Maryland helps home and hospital-bound people with HIV/AIDS fill out government entitlement applications, such as for SSI, SSDI, Medicaid, food stamps and AIDS drug and insurance assistance. (301) 439-0731.

SO. CENTRAL PA. SUPPORT — South Central AIDS Assistance Network (SCAAN) in the Harrisburg area provides direct services to all persons with HIV/AIDS and their families, friends or partners. For more information, call (717) 238-AIDS.

STRESS REDUCTION — Northern Va. residents with HIV/AIDS are invited to a free, confidential, six-week series on reducing stress, supporting the immune system, and restoring energy. Sessions are scheduled from 1:30 p.m.-3 p.m. on Mondays through Sept. 25 at the Clarendon Presbyterian Church, 1305 North Jackson Street, Arlington, Va. For information, call Anne Dykers at (703) 358-9550, ext. 42.

SUBURBAN MD. SUPPORT — The Whitman-Walker Clinic of Suburban Maryland offers support groups for area residents living in any stage of HIV disease on Wednesdays, 1:30-2:30 p.m. Call Lisa Porto at (301) 439-0731 ext. 212.

TESTING/HOWARD COUNTY — Free, anonymous or confidential HIV/AIDS counseling and testing is available from the Howard County Health Department. For more information or to schedule an appointment, call one of these health centers: Columbia: (410) 313-7500; Ellicott City: (410) 313-2333; Southeastern Health Center (Laurel): (410) 880-5888.

TESTING/MERCY — Mercy Medical Center offers free, anonymous HIV testing and counseling. You are not required to give your name, social security number, or other personal information to be tested. The service is available Mon.-Fri., 9 a.m.-3:30 p.m. For info, call Mercy's HIV Counseling and Testing Services at (410) 332-9400.

TRI-STATE HOTLINE — The AIDS Network of the Tri-State Area (W.Va., Md., Va.) operates a hotline seven days a week from 6-11 p.m. Call (304) 263-0738.

WHITMAN-WALKER PHARMACY — The Whitman-Walker Pharmacy at the Elizabeth Taylor Medical Center of the Whitman-Walker Clinic offers significant savings on medicine to people with HIV/AIDS. At the corner of 14th and R Streets, NW, Washington, D.C. 20009. Hours: 2-8 p.m. Mon.-Thu., 2-5 p.m. Fri. (202) 745-6135.

WOMEN'S HEALTH

CAFÉ DIANA — Café Diana hosts a 1st Fridays Women's Health Series at the café at 3215 N. Charles St. For information, call (410) 889-1319.

CHASE-BREXTON — Chase-Brexton Health Services offers a Women's Clinic on Tuesday evenings, with primary care, gynecological, and mental health services at 1001 Cathedral Street in Baltimore. Call (410) 837-2050.

FREE CANCER SCREENINGS — The Baltimore County Department of Health Women's Cancer Protection Program offers free mammograms and cervical cancer screening tests to women over 50 who meet income and insurance eligibility. Call (410) 887-3432.

FUND FOR LESBIANS IN NEED — Emergency assistance is available for lesbians with physical or mental health needs. Call the Lesbian Care Foundation of Whitman-Walker Clinic, (202) 797-3585 V/TTY.

LESBIAN HEALTH SERVICES — The Whitman-Walker Clinic in Washington provides a variety of lesbian health services. For information on Clinic activities, call (202) 939-7875 V/TTY or fax (202) 234-1467, 1407 S Street NW, Washington, D.C. 20009.

RELATIONSHIPS — On Tuesdays, Sept. 19-Nov. 7, 8:30 p.m., Chase-Brexton

Health Services hosts a group for lesbians and bisexual women. Relationships Across the Lifespan, which explores relationship dynamics from childhood to adulthood. For information, call Esther Margolius at (410) 837-2050 ext. 412. Chase-Brexton Health Services is located at 1001 Cathedral St., Baltimore.

WOMEN'S CENTER — For information about the Western Center for Women's Health Care, located at 700 West Lombard St. in Baltimore, call (410) 706-2500 or the Black Mental Health Alliance at (410) 837-2642.

WOMEN'S HEALTH EXPO — The Maryland Commission on Women's Health presents the Maryland Women's Expo on Health on Sat., Sept. 9, 10 a.m.-5 p.m. at the Towson Center on the campus of Towson State University. Keynote speaker will be Judy Mann, *Washington Post* columnist and author of *The Difference: Growing up Female in America*. Free admission and parking. For info, call (410) 225-6817.

WOMEN'S HEALTH SERIES — Free educational talks are being offered by Melinda Fitting, Ph.D., and Associates, a multidisciplinary practice of psychologists, nurses, and other professionals specializing in women's health, at 901 Dulany Valley Road, Dulany Center II, Ste. 129, next to the Towson Sheraton. Topics for September are: Sept. 20, 6:30-7:30—Infertility: Living with the Emotional Rollercoaster. Sept. 27, 6:30-7:30 p.m.—Coping with Postpartum Depression. To attend, call (410) 832-5764 to reserve a spot. This is a lesbian-affirmative practice.

PEACE OF MIND

AA IN ANNAPOLIS — Gay AA "Live and Let Live" Group meets every Tue., 8 p.m. at St. Anne's Parish, 199 Duke of Gloucester St., Annapolis, Md. (410) 255-9721.

AA IN W.VA. — Alcoholics Anonymous in Jefferson Co., W.Va. offers two gay/lesbian meetings every week: Mondays at 7:30 p.m. at St. James Catholic Church, 311 S. George St., Charlestown; and Thursdays at 7:30 p.m. at the Mental Health Building (lobby), 325 S. Water St., Martinsburg, W.Va. Call Joe M., (304) 876-3884.

ABUSE CONFERENCE — The Sixth World Interdisciplinary Conference on Male Sexual Victimization: Exploring Pathways to Diversity in Healing, Prevention, and Research takes place on Oct. 5-7, at the Greater Columbus Convention Center in Columbus, Ohio. For a registration form write to: Learning Alliance, 324 Lafayette, N.Y., N.Y. 10012, or fax (212) 274-8712, or Internet e-mail: alliance@blythe.org

UP FRONT



PHOTO BY JOSEPH KOHL

Richard Messick will undertake a 250-mile trek to raise money for AIDS clinics.

To Fight AIDS, Local Cyclist Gears Up for the Big Ride

BY LOUIS BALSAMO
THE ALTERNATIVE

Richard Messick rides his bike the six miles to and from his job each day, an activity most of us would find daunting. But his daily 12 miles is nothing compared to the 80-plus miles a day he'll put in over the weekend of September 15-17 when he participates in the 250-mile Boston to New York AIDS Ride.

Needless to say, he's a little nervous. "I've never done anything like this in my life," he says, "So I don't know what to expect."

To train for the event, Messick adds a few miles each day to his commute and tries to do a long-distance ride (40-60 miles) on the weekends.

Over 3,000 riders from across the country are expected to participate in the AIDS Ride, which benefits Boston's Fenway Community Health Center and New York's Lesbian and Gay Community Services Center and Community Health Project. Each rider is asked to donate \$1,200 in

pledges to the Ride. Through generous contributions from friends and colleagues, Messick has already made twice that amount.

A lifelong Baltimorean, he has now turned his fundraising efforts towards home and is seeking additional pledges for donations that will go to Chase-Brexton Health Services.

Messick sees his involvement in the Ride as a way of putting the AIDS epidemic into perspective. When asked if he has lost many friends, his reply is, simply, "enough." Then he adds, "I don't want to erase any more names in my address book."

To pledge, send a check along with a note designating your contribution in support of Richard Messick's involvement in the Boston to New York AIDS Ride to: Chase-Brexton Health Services, 1001 Cathedral St., Baltimore, Md., 21201, Attn: Martin Conover, Resource Development Director.

HEALTH CARE



New Pharmacy to Specialize In Medications for AIDS Patients

*Chase-Brexton Health Services Facility
Also Will Offer Home Delivery*

Chase-Brexton Health Services, a Baltimore primary care facility serving AIDS patients, has opened a new in-house pharmacy.

Managed by **Mark Levi** of **Medical Arts Pharmacy**, the pharmacy will specialize in medications for HIV/AIDS patients and offer home-delivery services.

Since the early 1970s, Chase-Brexton has specialized in treating patients with sexually transmitted diseases. With the onset of the AIDS epidemic, the clinic's focus has shifted to this disease.

In Baltimore

Board of Estimates

OKs \$522,578 for HIV-related care

The Board of Estimates approved agreements worth \$522,578 with nine organizations yesterday to help residents with HIV-related conditions.

The human immunodeficiency virus causes AIDS.

The largest contract — \$212,519 — went to Chase-Brexton Health Services Inc. in Mount Vernon for primary health care. Others included Health Education Resource Organization Inc., \$121,236; Mount Washington Pediatric Home & Community Care Center, \$47,968; and Park West Medical Center, \$43,137.

Chase-Brextton again expands HIV services to include pharmacy

On Monday, October 16, Chase-Brextton Health Services (CBHS) once again expanded their services offered to the gay, lesbian, bisexual and transgendered HIV/AIDS community by opening the doors to its new in-house pharmacy. Managed by Mark Levi of Medical Arts Pharmacy, a fixture in the provision of prescription and medical supply services in the Mt. Vernon area for 18 years, the pharmacy will specialize in medications for HIV/AIDS patients from the clinic but will also be capable of serving the prescription needs of others. While its location renders it very accessible to CBHS clients, the pharmacy will also offer home delivery.

Since its beginnings as the clinic of the GLCCB in the early 1970s, Chase-Brextton has strived to provide medical services to the gay, lesbian and bisexual community. In the early days, the clinic's primary function was that of a gay men's STD clinic. With the onset of the AIDS epidemic, the medical focus shifted to this disease. The premiere of Women's Health Services in 1994 was an early step in expanding the clinic's non-HIV-related offerings.

BGP 10/20/95

GENERAL

CHASE-BREXTON EXPANDS

Chase-Brexton Health Services now offers a General Primary Care Services program. The clinic also offers a Sexually Transmitted Disease Clinic every Tue. and Thu., 6:30-8:30 p.m. For information, call (410) 837-2050.

FLU SHOTS — The Visiting Nurses Association, will operate flu-shot clinics in Giant Pharmacies and Weis Markets through Nov. 18. For locations nearest you, call the VNA Fight-the-Flu Hotline in Baltimore at (800) 2-FIGHT FLU or in the C.C. area at (202) 895-5BUG. Shots cost \$15.

FREE HEALTH CARE — The Baltimore County Health Care Project provides free medical care to uninsured county residents. Five county hospitals and over 100 physicians participate in the program. The Health Care Project covers only the doctor or clinical visit. For more information, or to make an appointment, call (410) 887-5992.

FREE IMMUNIZATION — The Baltimore County Department of Health announces evening and Saturday free immunization clinics. For information, call (410) 887-2705.

HEPATITIS A BROCHURE — The National Foundation for Infectious Diseases has produced a brochure on Hepatitis A that speaks directly to gay and bisexual men. The free brochure is available by calling (800) VAX-9585.

HEPATITIS A VACCINATION — Chase-Brexton Health Services offers the Hepatitis A vaccination, the cost of which varies due to the necessity of determining whether a person has an existing immunity to Hepatitis A. Call (410) 837-2050.

5 Piano solos, vocal solos, poetry readings and gospel singing all make up an evening concert to benefit Chase-Brexton Health Services. Khula (a.k.a. Tony) presents this **Celebration of Unity**. A light reception follows. First Unitarian Church, Charles and Franklin Sts. 7 p.m. \$10 donation. (410) 244-7339.

EXPERIMENTAL TREATMENT

— Chase-Brexton Health Services is seeking medically eligible men and women over 18 years old for an experimental treatment program for HIV-associated catabolism (AIDS wasting). Call Jared Christopher at (410) 837-2050.

HIV CONFERENCE — The sixth annual HIV/Behavioral Health Conference sponsored by the Maryland State Department of Health & Mental Hygiene and other local AIDS groups will take place on Nov. 2 at the University of Maryland, University College in College Park Maryland. For information, call Nancy McCaslin, Conference Coordinator, at (410) 679-5480.

HORIZONS — Horizons, support group for men and women with HIV infection begun by the Baltimore County Department of Health in 1989, meets bi-weekly. For information, call Pat or Martha at (410) 887-3707.

POSITIVE FRIENDS IN PENN. — Dignity/Central Pennsylvania announces the sponsorship of Positive Friends, a support group for HIV-positive gay men. The group offers an opportunity to share concerns, encourage-

Day Without Art at BMA

Arts organizations around the world commemorate World AIDS Day by declaring "A Day Without Art." This year, the Baltimore Museum of Art has several activities planned for Friday, December 1.

Throughout the day, museum staff will read the names of some of those lost to the disease; Rodin's "Thinker" will be shrouded in memory of the countless artists who have died in the epidemic; and representatives from Chase-Brexton Health Services will be available to provide AIDS information and lead a noon-time discussion.

That evening, at 7 p.m., in the museum's auditorium, the Baltimore Film Forum will screen the 1956 classic, *Giant*, starring Rock Hudson, James Dean, and Elizabeth Taylor (talk about gay icons!). Towson State English professor (and local gay icon) David Bergman will discuss the importance of Hudson as the first major celebrity "outed" by the disease. Tickets are \$5 (\$4 for BMA and BFF members, students, and seniors). For details, call the BFF at 235-2777.

www.bma.org

CHASE-BREXTON PHARMACY

— Chase-Brexton Health Services has opened its new in-house pharmacy at its offices at 1001 Cathedral St., Baltimore. Call (410) 545-4481 ext. 341.

CHASE-BREXTON SUPPORT GROUPS (ONGOING)

Mondays—HIV-Positive Gay Men's Support Group; Addictions Treatment for HIV-Positive Persons; Gay Men's Psychotherapy; Gay Men's Coming Out Group.
Tuesdays—HIV-Positive Women's Group; HIV Positive Group (Men and Women).
Wednesdays—Addictions Treatment for HIV-Positive Persons.
Thursdays—HIV-Positive Group (Men and Women). Anonymous HIV Testing and Counseling, HIV Medical Services, and General Primary Care are available by appointment. Chase-Brexton Health Services is located at 1001 Cathedral St. in Baltimore. For information, call Patricia Commiskey at (410) 545-4481 ext. 428 or (410) 837-2050.

Joseph Holliday

Joseph Bernard Holliday, an AIDS activist whose volunteer spirit inspired an award named after him, succumbed to the disease September 12, after a long illness.

Mr. Holliday sat on the Ryan White Planning Council, and served as secretary of AIDS Trust of Maryland (ATOM). He also worked with the Health Education Resource Organization (HERO), as a writer, editor and policy-setter for the organization's newsletter.

A board member and former chair of the People with AIDS (PWA) Coalition, he was the official PWA Representative for AIDSWalk '92. He also sat on the board of the Chase-Brexton Clinic, where he worked as a volunteer, clerical worker, and served as vice president of the by-law committee.

Other responsibilities he willingly assumed included serving as facilitator for AIDS Service Providers Network and serving on the community advisory boards for the Baltimore Community Research Initiative, the Johns Hopkins Hospital's AIDS Services and Sinai Hospital's IMPACT program.

In 1992, Mr. Holliday's great efforts in the battle against AIDS inspired HERO to create the Joseph B. Holliday Award, to be given annually to outstanding workers in local AIDS research and support systems. On June 24 of that year he became the first to receive that award.



Other honors included a special commendation from Mayor Kurt Schmoke for his work.

The son of John B. Holliday and the late Ada L. Holliday, Joseph Holliday was born on May 18, 1960 in Baltimore. He received his primary education at St. Joseph's Monastery and St. Benedict's. His higher education was completed at Walbrook High School and Edmondson Sr. High School. He graduated in 1978 and went on to study English and Sociology at Loyola College.

In 1982, he left Baltimore to pursue a career as a medical specialist in the U.S. Navy. He completed his active duty, then served in the U.S. Navy Reserve until 1988. That same year, he was diagnosed with HIV infection. In 1989, he was diagnosed with a full-blown case of AIDS. At that time he decided to become active in the fight against AIDS and related illnesses.

Friends, family, and colleagues will remember Mr. Holliday as a resolute fighter and an inspiration and an encouragement to others. He fought valiantly against the disease in his own body, long past the time that the doctors had given him to live. His last months were spent at the Don Miller House.

Mr. Holliday leaves behind his father and several brothers and sisters, as well as many other relatives, friends and co-workers who miss him dearly.

A memorial service was held for Mr. Holliday on September 16, at the Gary P. March Funeral Home.

BGP
11/



CARING & SHARING

A Celebration of Unity, a benefit concert for Chase-Brextton Health Services will be presented by Khula (aka Tony) today from 7-9 p.m. at the First Unitarian Church, Charles & Frankin Sts. The concert will feature solo pianists, vocal solos, poetry readings and a gospel choir. A light reception follows. \$10 donation requested. Tickets are available at the door or by calling 244- For info call 837-2050, ext. 419.

Funds from Ryan White CARE Act at work in several agencies.

By **DARREN KISSINGER**
Staff Writer

The Baltimore City Board of Estimates recently approved agreements worth \$522,578 with nine facilities to help with HIV-related care of patients. The monies fall under Title I of the federal Ryan White CARE Act, which has been providing funding to AIDS-related agencies in Baltimore for several years.

"If I'm not mistaken, these funds have been around for a long time," said David Shippee, executive director of Chase-Brexton Health Services. "It's nothing new, I guess the Board of Estimates just is now reporting what they approve. The money comes from the

federal government to the state AIDS administration, and they use the city health department as the local conduit," he said.

Chase-Brexton was approved for \$212,519, the largest of the contracts that were awarded.

"For the last four or five years, I believe that money has been used for primary care needs of patients, including physician support and some case management. Under that, there is also a supplemental award which provides for money for mental health services, therapists as well as psychiatry for medication monitoring, if it's needed," said Mr. Shippee.

When asked about whether he expects the funding to be made available to Chase-Brexton in a timely manner, Shippee said only that he would describe it as "status quo in terms of disbursement."

According to Arlene Butler, HIV Coordinator at Park West Medical Center, the money will be used to pay for a case manager and for direct financial assistance to patients. Ms. Butler also stressed that this funding is not new money, and she expressed concern that the information about the funding may be

perceived incorrectly.

Butler commented that although she has heard of other agencies having difficulties with the city's actual payment of the funds, she has not experienced that problem in her program at Park West.

Park West was approved to receive \$43,137.

Mt. Washington Pediatric Home and Community Care, Inc., also was one of the recipients of the Ryan White funds. They, too, have received this funding for several years, although this year's award showed "a slight increase" over past years, according to Executive Director Debbie Zientz.

Mt. Washington will use the funding this year for a Home Health Respite Care Program, which began on April 4 of this year and will continue through April 3, 1996. According to an announcement from Mt. Washington, the program "provides services to the pediatric population, birth through 18 years old, who are HIV-positive or born to a mother with HIV infection. The program's focus is to provide replacement of care and/or supportive care to allow for the absence of the primary care-

taker..."

Mt. Washington will receive \$47,968.

Second meeting for Interfaith Coalition slated for Nov. 12

The Interfaith Coalition for Free State Justice (IFC) will hold its second general meeting on Sunday, November 12 from 2 to 4:30 p.m., at Paint Branch Unitarian Universalist Church in Adelphi.

The IFC was formed last February after the first interfaith meeting call by Unitarian Universalists for Free State Justice (UUFSJ). UUFSJ, which was founded a couple of months earlier, is sponsored by Paint Branch Unitarian Universalist Church and is supported by and acts as an educational arm of the Free State Justice Campaign (FSJC). FSJC is a state-wide organization that has been lobbying for lesbian, gay and bisexual rights for several years.

The mission of the IFC includes fostering a more positive perspective on homosexuality, bisexuality, and transgenerness within religious bodies and society as a whole, developing grass roots support to end discrimination, and, building a permanent, state-wide, multi-religious support organization for gay, lesbian, bisexual and transgender persons.

The next IFC workshop will be held Saturday, November 18, from 9 a.m. to 4:30 p.m., in Cumberland.

Women's group begins at Chase-Brextton

"Relationships Across the Lifespan," is a new group forming at Chase-Brextton for lesbian and bisexual women. It is intended to explore relationship dynamics from childhood to adulthood. The group will begin meeting on Tuesdays, starting September 19 at 7 p.m.

The health services clinic will also offer a six-week Bereavement Support Group for individuals who have lost someone to HIV disease. The first meeting is scheduled for Tuesday, September 12 at 7:30 p.m.

For more information about either group contact Esther Margolius of Chase-Brextton Health Services at 837-2050, ext. 412.

With Loving Care

■ **The AIDS nurse:** Dirk Le Flore lives for the dying. He gets through the day with compassion, humor and strategic denial.

By STEPHANIE SHAPIRO
SUN STAFF

He knows he will lose them. No matter how high their red blood cell count is today, no matter how strong their pulse, his patients will all die of AIDS.

Dirk Le Flore, a nurse at the Chase-Brexton Clinic, doesn't think about the inevitable. He thinks about now. And how to assure that his patients' health is as good as it can be for as long as it can be.

Mr. Le Flore's devotion is eloquently expressed in a photographic exhibition, "Together: With AIDS," opening today at School 33 Art Center in observance of World AIDS Day. As part of an exploration of the bonds between people with AIDS and their care givers, Baltimore photographer Michela S. Caudill followed Mr. Le Flore for over a year, capturing his career as a home-care nurse to HIV-infected men and women as well as an evening triage nurse at Chase-Brexton Clinic.

The same commitment depicted in Ms. Caudill's photo essay comes through during a day with Mr. Le Flore at Chase-Brexton, where he has just been promoted to director of nursing, responsible for the care of 1,000 patients.

Charging through the Cathedral Street clinic at warp speed, drawing blood, reviewing lab reports, doing triage, calling patients, Mr. Le Flore, 31, brings spirit, leadership and biting wit to Chase-Brexton.

"Hey, honey bunny, how are you?" he asks a 55-year-old patient who contracted AIDS through intravenous drug use. He has been summoned to draw her blood, because no one else can tap into her roped and hardened veins.

Delicately, he traces a finger over her wrists and arms, prospecting for a vein that will yield a vial of blood. "I want to get the best shot I got," he says to the woman as he makes his way up her ravaged arm.

The first time he sticks the patient, blood flows.

"You're tough, but you did good," Mr. Le Flore tells her in his soft Oklahoma twang. "Thanks for letting me dig on ya." She smiles.

It is Mr. Le Flore's way to



MICHELA CAUDILL

Compassion on the job: Dirk Le Flore, above left and below, takes blood from a patient at the Chase-Brexton Clinic with the assistance of volunteer Pam Heutte. Mr. Le Flore's work is part of a photographic exhibition, "Together: With AIDS."

thank patients for allowing him to care for them. It is grueling, tragic work, but he always derives an exalted sense of fulfillment from it.

When he first came to Sinal Hospital as a traveling nurse five years ago, Mr. Le Flore never imagined so many AIDS patients could be assembled under one roof. For the naive young man who grew up on a 1,000-acre ranch in the Bible Belt, it was a stunning revelation.

Until then, Mr. Le Flore had always assumed he would specialize in gynecological oncology. But he was inspired by what he saw at Sinal. The patients and their needs stirred something within him. He realized that he had found his calling.

Mr. Le Flore met his first AIDS patient when he was a nursing student at the Uni-

versity of Oklahoma. The other nurses were afraid to touch him. A teacher volunteered Mr. Le Flore's services.

He, too, was afraid when the patient held out his hand. After they met, he scrubbed his hands with the obsessiveness of Lady Macbeth. "I freaked," Mr. Le Flore says. Later, he returned to the patient and revealed his reservations. "I told him everything," Mr. Le Flore says. "He understood."

From that encounter, the young nurse learned a lesson: Fear of HIV is fear of the unknown. Mr. Le Flore no longer feared HIV.

The decision to stay in Baltimore and work as a home-care nurse to AIDS patients was certainly a seismic change for Mr. Le Flore, the product of [See AIDS, 6r]



AIDS nurse Dirk Le Flore tends to the dying with loving care

(AIDS from Page 1)

a God-fearing, Southern Baptist family.

"His parents were horrified by his new job, though they are care givers too. His mother is a nurse and his father is a vocational agriculture teacher and the unofficial veterinarian of the Le Flore rural cattle-country community.

"Mr. Le Flore's job is simply not discussed when he calls home. And he has never told his parents what he is (pay either Deep down, he says, they must know. They've stopped nagging him about And-

ing a girlfriend.

In the five months since he left home-care nursing to work full time at Chase-Brexton, Mr. Le Flore has absorbed a multitude of responsibilities, from overseeing details of an experimental drug trial to selecting new soap dispensers for the clinic.

Wonderful person

"He is a brilliant nurse" with "excellent clinical judgment," says Dr. Janet Horn, who worked with Mr. Le Flore when he was a home-care nurse. He is also "just a wonderful person besides being a

real kick," she says.

Mr. Le Flore works in a tiny office crowded with boxes of lab equipment for the drug trial. Country music plays quietly on his desktop radio.

On one drizzly Monday afternoon, he deals with a missing lab report, signs two death certificates, talks to a nurse about Villa Julie nursing students scheduled to work at the clinic. He reviews a patient's neurological report, while mumbling the word "dementia."

He calls the lab, looking for the missing lab report.

Again, the wrong report is faxed to him. Mr. Le Flore is unfatigably civil when he calls the lab yet another time. "Most people would go ballistic on them, but it's just a person sitting at a computer," he says.

Yet he's not afraid to confront a doctor who neglects important paperwork pertaining to a patient's drug regime. "Daniel, this is in your box and I asked you to fill these out. Why didn't you?" he demands. The doctor duly agrees to fill out the forms ASAP.

Now, Mr. Le Flore must explain to the patient with the missing lab

report that he has to draw blood a third time. First, he offers in jest to produce the missing lab report in exchange for the patient's hand-sims card. "Bitch," the patient says coyly.

A light moment

Mr. Le Flore laughs uproariously. Then the two walk arm in arm to the nurse's office.

"It's sweetie, how are you?" Mr. Le Flore's on the phone again, asking a patient to return to Mary Land General for a chest X-ray. She hesitates. "We're gonna send a cab for ya, babe," he says.

In the doctor's office, a nurse asks, "What was the cause of death for Rubus?" At times, staff members form a line outside Mr. Le Flore's door, to make his requests; others are looking for a light moment in a day weighted with sadness.

It's not that the fatal disease does Mr. Le Flore. He remembers cooing along as a home-care nurse until his first patient died.

"I can't have the realization that it would end that way," Mr. Le Flore says. Now, he takes the same, wittily ignorant approach with each medication. "I don't have the end result in mind," Mr. Le Flore says. "If I did, I wouldn't have hope and encouragement for this."

Recently four Chase-Brexton patients died in one day. It was rough going for him and the rest of the staff. Mr. Le Flore says. At a monthly bereavement meeting at the clinic, staff members, guided by a counselor, share memories of patients who have died. But Mr. Le Flore doesn't go. He prefers to talk about his grief with friends and other nurses in a more private way.

His original patients

All but one of his original patients are dead. Thomas L. Ditty III is the only home-care patient still in Mr. Le Flore's care. "We're kind of attached," he explains.

Twice a week, Mr. Le Flore visits Mr. Ditty in his Falls Point home. Tonight, his patient has a slight fever, a cause for concern. Mr. Le Flore sits on the living room floor, pulling instruments and lab results from two nylon bags.

The two review Mr. Ditty's blood work and celebrate his three-pound weight gain. He leaves Mr. Ditty in care of a friend, who has come from Chicago and is in the kitchen, cooking a big healthy, garlic-infused dinner.

But sometimes Mr. Le Flore can't deny the inevitable.

"I know that Tom is going die," he says as he drives home. "It's really going to hurt." He remembers the death of another patient, a young woman who had contracted AIDS from her husband. "After losing her I thought I was going to have to sleep doing this. But oh good," Tommy.

When the time comes, though, Mr. Ditty's death will be tended lovingly by Mr. Le Flore. He will ensure, as he has so many times now, that it will be as peaceful as possible, and above all, pain free.

"Together: With AIDS" continues at School 33 through Jan. 5. The exhibition is open today from 11 a.m. until 4 p.m. An opening reception takes place from 3 p.m. to 5 p.m. tomorrow at School 33, 1427 Light St. Call (410) 396-4641.

SPECIAL HOLIDAY HOURS FRIDAY SHOP TO 11 PM

VALUE CITY'S 1ST EVER 2 DAY ONLY
HALF OFF SALE

•Off Comparable Retail Prices•



Free!
CHILDREN'S PHOTO WITH SANTA!
Friday & Saturday Only
Please see store for details.

UNLIMITED VALUES
LIMITED STOCK
BUYOUT
WE BOUGHT IT ALL
WHEN IT'S GONE IT'S GONE

FEATURING
THE ULTIMATE
SUEDE JACKET

39⁹⁹

•Compare at \$80.00

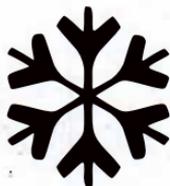
Juniors' famous
maker suede
jackets

100% genuine suede





CHASE-BREXTON
HEALTH SERVICES



*During the Season of Caring,
remember to take care of yourself...*

**General Primary Care
and
New In-house Pharmacy**

(taming your hectic schedule
with "one-stop" healthcare)



1001 CATHEDRAL STREET
BALTIMORE, MD 21201
(410) 837-2050

[Still offering all of the other quality medical and mental
health services you have come to expect from CBHS]



Help for the Winter Blues

195?

BY MARIA HAMMONTREE

THE ALTERNATIVE

It's that time of year. You may get the Holiday Blues or feel frustrated about broken resolutions. Work commutes in the dark can get you down. But if any of these feelings become long-term disruptions in your work and home life, you may be like 15 million other Americans fighting a debilitating medical illness—clinical depression.

Cally is a 32-year-old who fights bouts of clinical depression, just as her mother and her grandmother have. Since age 17, she has had what she describes as "a feeling of impending doom."

"I get lightheaded," she says. "I get anxiety attacks. It's hard to function every day, even in simple things like getting in the car and going to the store. I feel like I'm losing my mind. You feel it's never going to get better."

The Depression and Related Affective Disorders Association (DRADA) lists the following as possible symptoms of depression. If any interferes with work or your personal life or lasts more than two weeks, there are resources to stop the pain.

- ▼ Persistent sad, anxious or "empty" mood;
- ▼ Feeling hopeless, pessimistic;
- ▼ Feeling guilty, worthless;
- ▼ Loss of interest or pleasure in activities once enjoyed, including sex;
- ▼ Insomnia, early-morning awakening or oversleeping;
- ▼ Changes in appetite and/or weight;
- ▼ Decreased energy, fatigue;
- ▼ Thoughts of death, suicide, or suicide attempts;
- ▼ Restlessness, irritability, excessive crying;
- ▼ Difficulty concentrating, remembering, making decisions;
- ▼ Persistent physical symptoms that do not respond to treatment (for instance, headaches, digestive disorders, chronic pain).

One out of four women has had one or more episodes of depression in her lifetime. The National Institute of Mental Health reports twice as many women experience clinical depression than men. Lesbians attempt suicide up to four times more often than straight women. Social isolation, family rejection, homophobia, and discrimination at the work place provide extra environmental triggers and fewer resources for treatment.

"Clinical depression usually affects people ages 24 to 44, yet gay teenagers seem to suffer a higher incidence of clinical depression than others their age," notes Esther Margolius, therapist at **Chase-Brexton Health Services**. "Gay youth are the most at-risk."

There are a lot of factors during and right after the holiday season that could cause depression or the blues. Stress and the anxiety of arranging and attending family gatherings can be followed by disappointment and feelings of isolation. Other stresses include

Fighting the Blues:

- Chase-Brexton Health Services**
(410) 837-2050
- Gay and Lesbian Community Center Switchboard**
(410) 837-8888
- Depression and Related Affective Disorders Assn.**
(410) 955-4647
- Depression/Awareness, Recognition and Treatment Program (D/ART)**
- Nat. Institute of Mental Health**
(800) 421-4211
- Mental Health Assn. of Md.**
(410) 235-1178
- Sheppard Pratt Health System**
(410) 938-5000

overspending, partners meeting families, and fear of being regarded as a failure for not marrying and having a family, or for breaking unattainable New Year's resolutions.

Low self-esteem can predispose you to depression; prolonged stress and life crises can be triggers. But the key to clinical depression is a complex of chemical and hormonal imbalances in the brain due to genetic predisposition and physiological or biochemical factors. Some individuals do not get help because they blame their feelings on personal weakness, are misdiagnosed or can't ask for help.

After finding a doctor or therapist you trust and respect, understand your medical condition. Initial symptoms are often ignored until they grow more painful or additional symptoms appear.

Dr. David Roth, a clinical psychologist and the coordinator of the eating disorder program at the Sheppard Pratt Health System, lists three types of depressive illness. Manic-depressive illness, or bipolar disorder, is a cycle of highs and depressive lows. Major depression is a unique experience or a lifetime series of

episodes. Some individuals, especially women, are sensitive to the amount of natural light they are exposed to, a Seasonal Affective Disorder (SAD). Dysthymia has milder symptoms of major depression—lasting two years or more. "Double depression" is a major depressive episode during dysthymia.

The cure is as complex as the problem. "There's no magic bullet for depression," explains Dr. Roth. Individualized treatment uses medication, psychotherapy, electroconvulsive therapy, light therapy or a combination of methods. New, non-addicting medications, with fewer side-effects than older drugs, restore levels of neurochemicals. Anti-depressant medication may be prescribed; if these medications do not relieve severe depressive and recurrent illness, an improved form of electroconvulsive therapy with sedation can be chosen. "Talking therapies" resolve immediate problems and identify more constructive behaviors. Light therapy and antidepressants may be prescribed for SAD.

With effective therapy, 80 percent of those with serious depression find relief, usually within weeks.

If you feel depressed, don't blame yourself for not being able to "snap out of it." Talk about how you feel. Contact a resource to help you understand what is going on, while your depression is less serious and easier to recover from. Do not make major life decisions without talking to a close friend or advisor. Break large tasks into smaller ones. Be with other people who provide emotional support. If you aren't insured, the Mental Health Association can refer you to the nearest community mental health clinic; many fees can be scaled to your income. Stay on your course of treatment after the depression lifts, until you and your therapist agree on changes.

If someone you know is depressed, help them get an appropriate diagnosis and treatment; if necessary, make appointments, accompany her to a doctor or verify prescriptions are taken on time. If your friend threatens suicide or symptoms persist, even if you have promised secrecy, find help.

Garey Lambert, AIDS activist

Projectionist, writer lauded as 'the voice of the affected population'

By CARL SCHOETTNER
SUN STAFF

Garey Lambert, a tireless and courageous advocate for people with AIDS, lost his own fight against the disease yesterday and died at Johns Hopkins Hospital, surrounded by family and friends. He was 49.

Alfred Garey Lambert III, known best by his middle name, died late in the afternoon with his daughter, Kathryn, 17, holding his hand. More than 20 people from his very wide circle of friends had gathered in his room as his life ran out with the day.

"He was awake and alert until the very end," said Dr. Richard Chaisson, the director of the Hopkins AIDS service who spent much of the day with Mr. Lambert.

Mr. Lambert's last words were: "I hope you all know how much I



JED KIRSCHBAUM : SUN STAFF

A caring man: Garey Lambert, whose last words were of his love for his wide circle of friends, consoled Robert Goings several days before Mr. Goings died of leukemia in 1992. The two were co-workers at the Charles Theater, where as projectionist, Mr. Lambert became friends with the likes of John Waters and Pat Moran.

love you."

Said his father, Alfred Garey Lambert Jr.: "I've never seen so many gestures of affection."

Mr. Lambert had spent nearly 14 years as projectionist at the Charles Theater. The projection booth at the art house became a sort of clubhouse for John Waters, Pat Moran and their trash-film crews.

"He was the Harvey Milk of Baltimore," Mr. Waters said. Mr. Milk was a gay rights activist assassinated in San Francisco. "Even at the end he could stir things up."

Mr. Lambert died from a form of pneumonia associated with AIDS. He was admitted to the hospital for the last time a week earlier.

He was diagnosed with the virus that causes AIDS more than a decade ago, and the diagnosis forged a fearless and dogged campaigner on behalf of people with AIDS. To describe him, people used such words as "soldier," "warrior" and "gladiator."

Yet he was equally apt to be called "generous" and "humble."

"Garey was unique," said Rawley Grau, editor of the *Baltimore*

Alternative, the monthly newspaper that serves the gay community. "The loss to the AIDS community is immense. Essentially, there is no one to replace Garey."

Executive editor at his death, Mr. Lambert had written for the *Alternative* since shortly after its 1986 founding. This month's issue has four articles by him, including his column "AIDS Update."

"He was the voice of the affected population," said Dr. John G. Bartlett, chief of the infectious disease division at Johns Hopkins who became one of Mr. Lambert's best friends. "He was a really influential person."

With Ms. Moran and Lynda Dec, Mr. Lambert was a founder of AIDS Action Baltimore. Both were at the hospital when he died.

"He was a very aggressive fighter against the disease," said Ms. Moran, who now helps cast the TV series "Homicide." "Lots of people benefited from Garey's understanding and ability to inform people about this disease."

Mr. Lambert served on the AIDS Clinical Trials Test Group at the National Institutes of Health and the Johns Hopkins AIDS

Service Community Advisory Board.

"He was totally committed to the battle against AIDS," Dr. Chaisson said. "He refused to yield to unsatisfactory answers. And he kept everyone's attention focused on fighting the disease."

"Garey lived through a terrible illness with incredible dignity and poise," the doctor said.

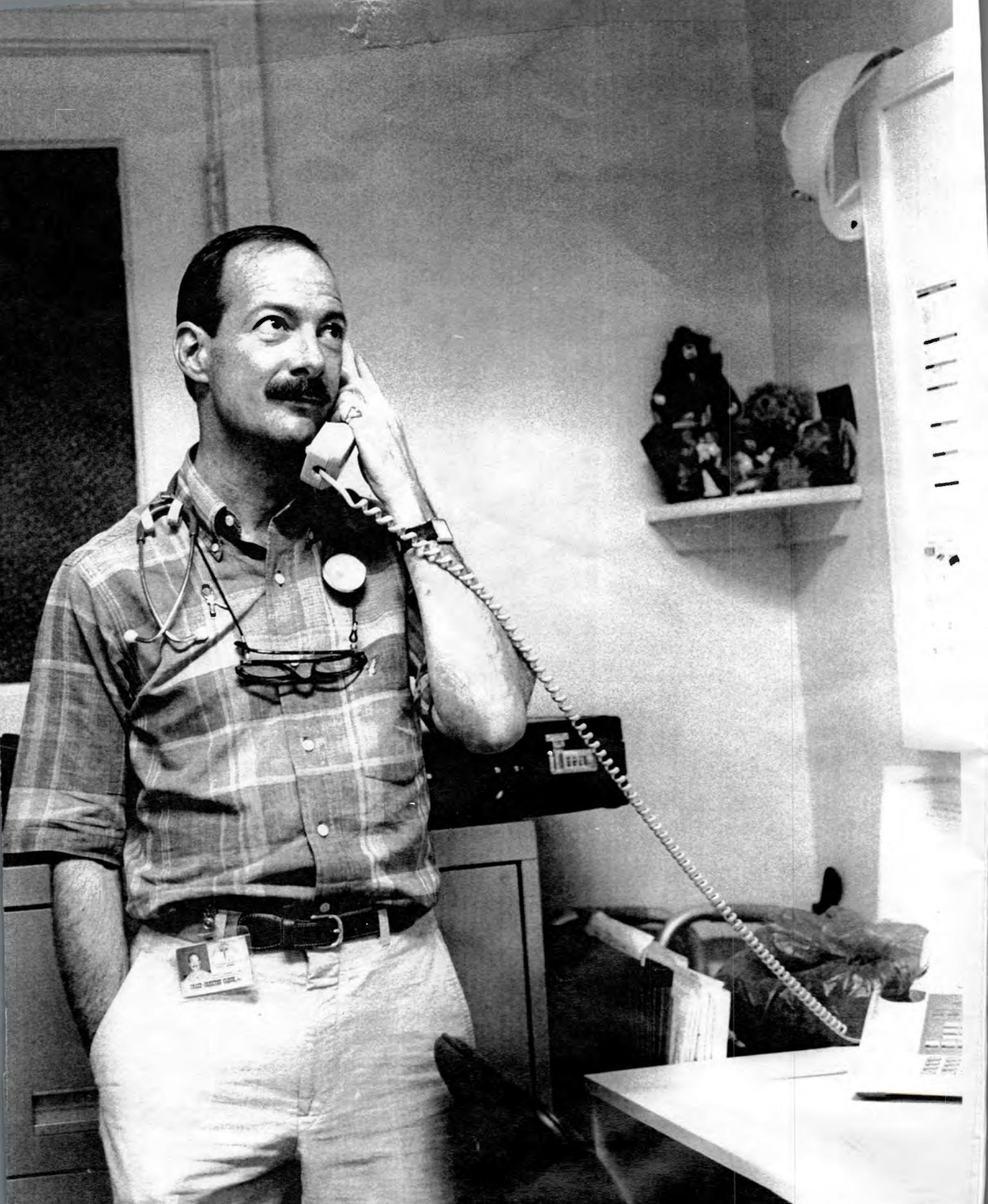
Mr. Lambert was born in Alexandria, Va. He had an English degree from the University of Baltimore, and he served three years in the Army stationed in Germany, where he was an announcer for Armed Forces Radio. He was an announcer at WCBM in Baltimore about a year.

His body is to be cremated and his ashes strewn along the banks of the York River in Virginia, where his grandmother lived in a place he loved. Plans for a memorial service were incomplete.

Survivors in addition to his father and daughter include his mother, Evelyn; his sister, Carolyn; his brother, Robert; and his partner, David VanderMark, all of Baltimore.

EXIT





Another Unsung Hero

Editor:

I realize that it is virtually impossible to remember all of the people who have made significant contributions to the fight against AIDS in Baltimore, and I appreciate Garey Lambert's efforts to recognize these heroes ["Heroes in the AIDS War," December 1995].

However, there is one truly *unsung* hero who simply cannot be forgotten: Mary Jo Johnson.

How many of us have been the recipient of Mary Jo's compassion and dedication as she hands us the most dreaded news of our lives! It is Mary Jo who gives us the courage to deal with our diagnosis and to move on in a healthy and powerful way.

Mary Jo has been the Counseling and Testing Coordinator at Chase Brexton since 1986, when the clinic was housed at 241 West Chase Street—long before many of these other heroes joined the fight and long before buildings were even imaginable. She remains steadfast in her commitment to serving the people of Baltimore.

As an activist, Mary Jo has tirelessly and successfully fought efforts of government officials to abolish anonymous testing programs and has championed needle exchange programs.

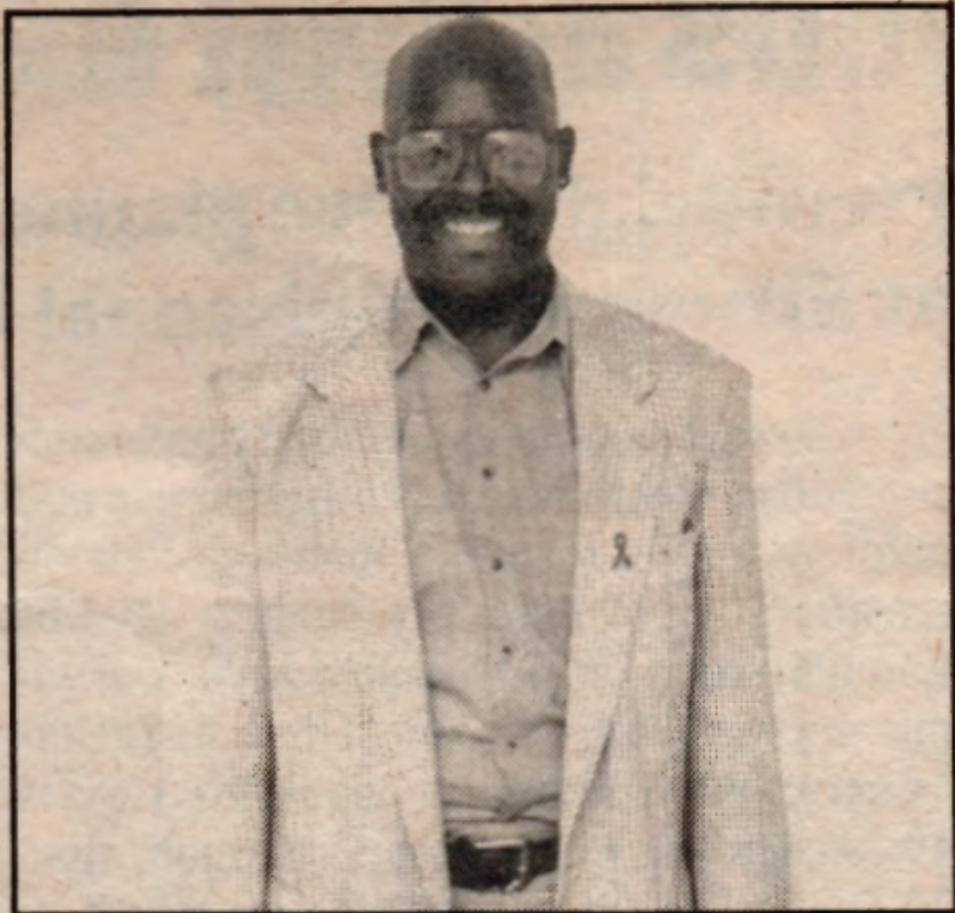
This letter is not at all intended to diminish the significance of these other heroes; I am proud to have once worked with many of them and that they are still fighting. They are indeed heroes, and Mary Jo leads the pack. I know that I am not alone in commending her work.

My sincere thanks to Mary Jo, Garey, and everyone working to end the AIDS crisis and to make life easier for those living with it.

Christopher Morrison
National Minority AIDS Council
Washington

BGP

3/2/96



Lenny Green appointed by governor to disability employment committee

Lennwood "Lenny" Green has been appointed to a three year term on the Maryland Governor's Committee on Employment of People with Disabilities (GCEPD). Mr. Green has served on the Chase-Brexton (CBHS) Board of Directors, Inc. for over three years and has held the position of vice-president for the past two years. His appointment is of significance to the AIDS community in that he is the first HIV community activist to sit on this committee.

Green is already quite active in championing the causes of those living with HIV/AIDS. In addition to serving on the CBHS board, he is an active member of the Howard County AIDS Alliance. He also does HIV education and prevention work with school children and community youth. As a result of all of these efforts, as well as his support of HIV/AIDS outreach to men of color, Mr. Green was honored with the Mid-Atlantic Association of Community Health Centers' (MACHC) Volunteer award on January 16.

The purpose of the Maryland Governor's Committee on Employment of People with Disabilities is to improve the quality of life for individuals with disabilities through increased community awareness. The GCEPD encourages the development of similar employment committees in local jurisdictions, provides support and networking for local and regional committees and works cooperatively with the president's committee on Employment of People with Disabilities. The committee is comprised of individuals with disabilities and their family members, state representatives, business professionals and other interested citizens. The GCEPD also provides speakers to address issues related to employment of people with disabilities at events such as job fairs and employer conferences, seminars and job trainings.



STAFF PHOTO BY JOSEPH KOHL

WALK OF LIFE Jeff Kirkwood and Martin Conover of University Parkway carry the Chase-Brexton banner at Sunday's AIDS WALK. About 7,500 took part in the ninth annual walk, which raised more than \$200,000 for HERO, the Health Education Resource Organization.



Chase-Brexton Health Services' executive director David Shippee

AIDS

Ride on By

Philly-D.C. AIDS Fund-raiser to Bypass Baltimore

Bicyclists participating in the upcoming AIDS Ride from Philadelphia to Washington, D.C., will bypass Baltimore—and so will most of the money they raise. And that has some local AIDS-services providers up in arms.

"You think they'll waver to us on the way?" asks Lynda Dee, executive director of AIDS Action Baltimore, which provides financial assistance to AIDS patients and performs research-advocacy work.

Dee says the "snub" is "a throwback to the old days [early in the AIDS epidemic] when people did not work together." David Shippee, executive director of Chase-Brexton Health Services—a Mount Vernon medical clinic which serves many AIDS patients—is more diplomatic, but agrees that Baltimore, which more or less lies on a direct line between Philadelphia and Washington, should not be left out of the ride. "It's unfortunate that this has evolved," he says.

The bike ride will begin in Philadelphia June 21 and run west of Baltimore, with

overnight stops in Darlington and Sykesville, ending June 23 on the Mall in D.C. Organizers say about 3,000 bicyclists—including some recruited from the Baltimore area—will make the three-day trip, and the event is expected to raise more than \$5 million for five AIDS service groups, three in Philadelphia and two in D.C.

Local activists say their concerns have little to do with regional pride. "It's not just a case of my feelings being hurt. We have an extremely large" AIDS problem in Baltimore, Dee says.

As of the end of last year, the Baltimore area—the city and Baltimore, Anne Arundel, Howard, and Harford counties—had had 8,621 diagnosed AIDS cases, the 13th highest total among major U.S. cities and fewer than either the D.C. area (14,640, fifth in the nation) or Philadelphia (11,652, ninth), according to the federal Centers for Disease Control. However, the Baltimore area's rate of AIDS diagnoses in 1995—69.4 new cases per 100,000 people—ranked

eighth among major cities and far higher than the rates in the Philadelphia area (36.6 new diagnoses per 100,000 people) or the D.C. area (47.2 new cases per 100,000 people).

The first AIDS Ride was held in California in 1994, and two took place last year—one from Los Angeles to San Francisco and the other from Boston to New York. This year, five AIDS Rides are planned, including the Philadelphia to D.C. trek. Each bicyclist must raise at least \$1,400 in donations to participate. Daniel Pallotta, executive producer and creator of AIDS Ride, says the Philadelphia-D.C. event goes around Baltimore so that it can be a three-day trip; he says that each AIDS Ride is at least three days long because a shorter route would be of less interest to long-distance bicyclists and would garner smaller donations.

Pallotta—whose fund-raising and consulting firm, Pallotta and Associates, collects a flat \$180,000 fee from funds raised in the endpoint cities of each ride—says those endpoint cities have always been the events' sole beneficiaries. He says a city must meet three criteria to be the starting or finishing point of an AIDS Ride: It must be a major metropolitan city large enough to support the event, it must be hit hard by AIDS, and it must be of interest to the ride's corporate sponsor (the Philadelphia-D.C. ride is sponsored by liquor manufacturer Tanqueray).

"I can't give you a reason [why Baltimore has not been chosen] any more than I can give you a reason why we're not going through Vancouver or Cleveland. We can't be all things to everyone," Pallotta says. "If people take away from the AIDS Ride, 'Why wasn't I included?' they're missing the point. The point is . . . setting an example of what people can do when they really put their minds to it" and inspiring others to address the AIDS issue.

Pallotta says he contacted some Baltimore AIDS organizations about planning a different fund-raising event to benefit them, but they had not replied as of early this month. Spokespersons for AIDS Action Baltimore and Chase-Brexton Health Services said this week that neither organization had been contacted about an alternative fundraiser.

Richard Messick, a Baltimore resident who says he rode in the Boston-to-New York AIDS Ride last year, says he has written letters to event organizers and local newspapers complaining that Baltimore is not involved in this weekend's event. "I don't want to dump on the ride, because they're raising millions of dollars," Messick says. "I'm just disappointed that Baltimore wasn't included. Hey folks, look at the map."

Melanie Nolet, a 25-year-old Baltimore

Just like the 3,000 riders, funds from AIDS Ride will pass right thru the state

By DARREN KISSINGER
Staff Writer

At five o'clock this morning, some 3,000 ordinary people began to do something in Philadelphia that is not only extraordinary but, many said, impossible. By Sunday afternoon at the Washington Monument in Washington, D.C., it will be history.

Three years ago, when Dan Pallotta was still dreaming of a successful AIDS fundraiser that would involve bicyclists obtaining sponsors to make a journey that would prove as much to the riders themselves as to everyone else that it can be done, most people were skeptical at best.

Pallotta is now the executive producer of five Tanqueray-sponsored AIDS Rides across the nation.

"The first year, no one would touch the AIDS ride," Pallotta said. "We had no track

record, no evidence that it would work. Most people said that we were nuts, that it would never work."

The first AIDS Ride was a 525-mile trek from San Francisco to Los Angeles. It took seven days. It also raised \$1.6 million. The same ride the next year raised a record \$5.5 million.

"The success of the AIDS Rides now is off the scale," Pallotta said. "The money being raised is in the stratosphere."

With that success comes corporate sponsorship and a great deal of attention from riders and potential beneficiaries. Tanqueray, Pallotta said, quickly became the primary sponsor for each of the five AIDS Rides.

Janet Redman, who works for Bell-Atlantic, has been training heavily for the 250-mile trip since February. Although she was not a cyclist before this event, one would not know that by the gusto with which she has embraced this challenge. She began in February by asking her bosses if Bell-Atlantic would be interested in making a matching contribution for the money she raised. They said yes, and then some.

Redman is now the captain of a team of 33 riders from Bell-Atlantic, all of whom have raised the requisite \$1400 from sponsors. For those who had difficulty raising the entire amount, Bell-Atlantic made up the difference. According to Redman, the communications giant has contributed more than \$100,000 to the Philadelphia to D.C. AIDS Ride.

"All the riders are inspired by someone," Redman said. "Most of the riders are not conditioned athletes. I think everyone will be running on pure adrenalin through this."

Redman said that her inspiration is two friends who died last year from AIDS-related illnesses. She makes an unsuccessful attempt to hold back tears as she talks of the loss of her friends. Perhaps her intensity in this event is her memorial to them.

Redman's involvement proves Pallotta's theory that one does not have to be an experienced cyclist to take part.

"It's been like I'm training for the Olympics

AIDS RIDE

Continued from page 1

or something," Redman said, laughing. "When this is over, I'm looking forward to lying on the beach, eating potato chips and having my grapes peeled for about a week."

If Redman's inspiration comes from the memory of dear friends lost, Tim Smith's inspiration is that AIDS hasn't taken anyone close to him.

"It seems like I'm in the minority," Smith said. "No friends or family have had to deal with this. I feel a little strange. Why am I so lucky? I think since I've not been touched by this, I should do something about it."

Smith, who is openly gay, lives in Towson and works as an accountant for the American Public Health Association in Washington, D.C.

He went through his address book and sent letters to virtually everyone listed, explaining what he was doing and asking for support. In one month, 50 people had responded; Smith had that quickly raised \$1500.

"I've met so many people [while training]," Smith, who has been cycling for years, said. "It's amazing what people can do when they set their minds to it. I've met people in their 50s and 60s, people who are overweight, lots of people. Some people who are HIV-positive. It means so much more to me now."

It seems that personal change and growth are not uncommon among riders. Indeed, one of the premises of the AIDS Rides is character building among the riders. And that may be in widely varied directions.

"I've sort of come out at work through all this," Redman said. "And now with this [interview], I'm really coming out," she added, laughing.

Any AIDS funding source with the real potential of millions of dollars at stake is bound to attract intense interest and fierce competition to benefit from the money. The AIDS Rides are no exception.

The Philadelphia to D.C. Ride benefits Food & Friends and the Whitman-Walker Clinic in Washington, D.C.; and ActionAIDS, AIDS Information Network, and the Philadelphia Community Health Alternatives in Philadelphia.

Some AIDS activists in Baltimore felt slighted that no organizations here were chosen to receive any of the funds.

"It was well-known that Baltimore was interested in setting up something like this," said Martin Conover of Chase-Brexton Health Services. "Whoever was involved in first setting it up very cleverly side-stepped that."

But Pallotta has a different perspective.

"With our success, everyone's wanting some of the money," Pallotta said. "They are treating it as if it's a government program. We can't be all things to everyone. There's no way to address all the fiscal needs of all the [AIDS service organizations] in the country. I would like to see other people follow our example and ask themselves to do something that's some measure of their true potential. That's what we've done, and that's what I hope they'll take from this. We've done the best we can, we're working our butts off here. We need others to get up and help."

Both Redman and Smith say that they hope Baltimore will be included next year, but neither are particularly disturbed about the current distribution of funds. They both pointed out that although the money is being split between Philadelphia and Washington, D.C., it is money that is ultimately going to help people who are fighting the devastation of HIV.

And that, they say, is the whole point after all.

Walk-in HIV testing at CBHS on June 27th

On Thursday, June 27, from 11 a.m. to 8 p.m. Chase-Brexton Health Services, Inc. (CBHS) will offer walk-in HIV counseling and testing as part of the Second Annual National HIV Testing Day. The event, sponsored by the National Association of People with AIDS (NAPWA), the National Alliance of State and Territorial AIDS Directors, and the National Lesbian and Gay Health Association (NLGHA), is aimed at promoting voluntary HIV antibody testing and counseling. Although young adults are the general audience of the campaign, women, people of color, and gay men are specifically targeted in the campaign.

AIDS is now the number one killer of young men and women between the ages of 25 and 44 in the U.S. With the increase in the rate of incidence of AIDS, Baltimore is ranked eighth in terms of U.S. cities with populations over 500,000. We know that early intervention and detection of the HIV virus can prevent many illnesses and delay the onset of AIDS. This can lead to a longer and healthier life.

BGP June 1996

Thursday 27

National HIV Testing Day

11 A.M.—8 P.M., Chase-Brexton Health Services,
837-2050, free.

This year saw the introduction of at-home tests for the human immunodeficiency virus (HIV). While the tests may offer privacy and peace of mind, they aren't available for sale yet in Maryland. In the meantime, Chase-Brexton Health Services has the next best thing for those who need to know their HIV status (i.e., everybody, especially young adults): walk-in HIV counseling and testing, in observance of the Second Annual National HIV Testing Day. With AIDS now the number-one killer of American men and women between the ages of 25 and 44—and Baltimore ranked eighth among American cities in rate of new diagnoses—a little knowledge may save a lot of lives. (Heather Joslyn)

City Paper June 1996



KARL MERTON FERRON: SUN STAFF

Joining: The People's Community Health Center on Greenmount Avenue is among 11 joining Hopkins in a new group for Medicaid patients. Case manager Bernadette Williams (right) and Edna Orjuela, a Spanish translator, prepare to help a client yesterday.

Health services

Hopkins forms Medicaid group

11 health centers
join organization that
provides managed care

By M. WILLIAM SALGANIK
SUN STAFF

A network of 11 community health centers across the state will be a 50-50 partner with Johns Hopkins in a new managed care organization created to enroll Medicaid patients, the parties announced yesterday.

The new organization, to be called Priority Partners, expects to enroll 30,000 to 50,000 members during the first year, said Jerome H. Rothhainer, chief operating officer of Johns Hopkins HealthCare.

During a six-month period beginning in February, the state will move about 100,000 Medicaid patients — mostly welfare mothers and children and some categories of disabled people — into

managed care plans. Existing HMOs can enroll patients, but new managed care organizations can also form to provide HMO-like services.

About 100,000 Medicaid patients already are in HMOs, but they also will be able to choose another plan if they want.

Hopkins had already said it would be forming a managed care organization with community health clinics, but yesterday's news conference provided additional details about the new entity.

The clinics, which previously worked together in a trade organization, formed themselves into Maryland Community Health Systems Inc. in June to prepare for the Medicaid switch. Patricia Cassatt, executive director of the People's Community Health Center in Baltimore, serves as president of the group.

The centers could have contracted with HMOs to treat patients rather than

forming their own managed care organization, but "being an MCO or being part of an MCO gives us a voice in how we care for patients," said Karla R. Roskos, executive director of Greater Baden Medical Services, which operates three clinics in Prince George's [See Hopkins, 4c]

*The Baltimore Sun
November 20, 1996*

Hopkins forms group to serve Medicaid clients

[Hopkins, from Page 1c]

County and Southern Maryland. "Whatever excess there is of revenue over expenses, we're going to feed that back into patient care," said Roskos, who is also secretary-treasurer of Maryland Community Health Systems. "We don't have to answer to stockholders."

The group considered forming a managed care group, she said, but decided it needed a partner because "to form a management services organization on our own in a short period of time would have been a Herculean task."

Hopkins will handle management tasks such as enrollment and claims processing. It already has a structure to do this for its employee health plans, which provide medical care to employees of self-insured companies.

For Hopkins, the clinics bring a patient base, helping assure that Hopkins does not lose Medicaid patients as a result of the shift to managed care. Medicaid provides about a fifth of Hopkins' patients.

Medicaid patients who enroll in Priority Partners can select primary-care physicians at one of the participating health centers or on the Hopkins campus or at its Hopkins Bayview Medical Center. They can also receive care from doctors in the community who have contracts with Johns Hopkins HealthCare.

Preferred Partners will reach from Western Maryland to the Eastern Shore. Only two rural counties, Cecil and Garrett, do not meet a state guideline of having a clinic or provider within 30 miles or a 30-minute drive, Roskos said.

Participating clinics in Baltimore, which has the largest share of Medicaid recipients in the state, are Baltimore Health Systems, Chase Brexton Clinic, Glenwood Health Center, Jai Medical Center and People's Community Health Center. (Some have additional locations outside the city.)

Also participating are Caroline Health Services, Eastern Shore; Community Clinics, Montgomery and Prince George's counties; Greater Baden; Owensville Primary Care, Anne Arundel County; Three Lower Counties Community Services; Eastern Shore; and Tri-State Community Health Center, Western Maryland. All except Jai are nonprofit.

Bar Wars II brings together businesses for evening of unity for Chase-Brexton

On Sunday, October 13 the Hippo was host to the 1996 Bar Wars, a fund raiser for Chase-Brexton Health Services. Serving as hosts were Roger Dimick (who developed the idea last year), Kevin Clapton, Josie Foster, and Rocky.

"I wanted to get some unity among the bars," Dimick said. "I decided that a contest would unite us all. Last year's contest featured six contestants, and we had nine this year. So, the unity is getting stronger in the gay community."

Dimick said he selected Chase-Brexton to be the beneficiary because it is "a community resource that benefits everyone."

Each of the nine contestants had three categories of competition: creative costume, speech, and talent.

David Lessner, manager of the Baltimore Eagle sported the colors of the leather flag and heart stating that he loved "his bruiser." Chuckles was clad in a Bill Cosby 'original' with Jell-O packets in the form of a dress, along with two sexy Jell-O shooter boys— Earl and Joe. Club 1722 had a similar idea of duplicating the American Express Credit Card Gown, only they used the club's new membership cards. There were many sparkly faces compliments of Central Station's staff. Western wear was sported by the Stagecoach. Mt. Vernon Stables had a case of penis envy. (The Hippo's Jell-O shooter drag won this category.)

For the speech category, the theme was why the speakers felt their respective club or restaurant is number one. Norm from Club Atlantis showed off a nice dancer boy. Gina and a bunch of Gampys' staff told a tale of their greatness. Tash of the Allegro read a poem

equal to the writings of Walt Whitman. Mt. Vernon Stables did a spoof of the 70s, which won this category.

The final category was for talent. This ranged from Gampy's version of a very Brady Bunch, to a back-from-the-dead performance by Elvis for the Stagecoach (Steve knows all about it), a knock-out rendition (but shave your armpits) of Reba by 1722's Sable (watch out Stacy Maxwell), to a performance by Central Station's staff who spoofed Don, Vernon, and Pepper. Norm and his dancer boy from the Atlantis came back for this as well. The Macarena was put to its final rest (we hope) by Allegro's staff, featuring Ron D'Lai. Sonny "the Republican" and Cher "without some ribs" from the Stables (both of whom claim to be straight but not narrow). The Hippo's "Hairspray" by Chuckles really "bugged" everyone. And the winning act of this category, David Lessner gave his interpretation of the Nissan commercial, only G.I. Joe got his man, and Barbie was left all by herself.

In addition, David "Daddy" Taylor of the Allegro won the 50/50 jackpot of \$343. Congratulations!

"I think it's fantastic to see the unity between gay businesses and businesses that are gay-friendly," said Hippo Owner Chuck Bowers.

"It was fabulous," Martin Conover of Chase-Brexton concurred.

All the participants wanted to thank everyone (too many to list) who donated their time, services, and talents to make this year's Bar Wars another roaring success.

Concert Benefits Chase Brexton Health Services



On Saturday, September 28, 250 guests were treated to an evening of musical performance as Shannon Wollman (above left, with Christopher Morrison, former CBHS volunteer coordinator, and Ellen Wollman) sang for **Angles in the Spotlight II** at Essex Community College. Ms. Wollman was joined by Mr. Morrison and local performer Ed Peters as she sang for the benefit of Chase-Brexton Health Services, Inc.. The event, which raised over \$8,000 for the local community based health care provider, was coordinated by a group of dedicated volunteers lead by Eric Potter. WJZ-TV's Deborah Stone served as emcee. All proceeds will be used to support the ongoing efforts of CBHS.

"I noticed the changes right away ... Suddenly, I had energy. The depression started to disappear."



AMY DAVIS: SUN STAFF

Living with AIDS: Dean Gawlas (right) visits a friend, Greg Belschner. Both are taking the new drugs for AIDS.

Starting over with AIDS

Drug therapies offer the sudden challenge of starting life anew

By JONATHAN BOR
SUN STAFF

Fifteen years into an epidemic that has brought death and despair to millions, the statement can finally be made: People with AIDS are getting better.

New drug combinations that were made available on a wide scale less than a year ago are bringing an eerie sense of hope to some patients who only recently were planning their funerals and cashing in life insurance.

They are gaining energy and weight. They are spending less time in bed. Some have even checked out of hospice programs. Measures of health like "viral load" and T-cell counts are, for once, moving in the right direction.

"I noticed the changes right away," said Dean Gawlas of Bel Air, a 41-year-old man who started taking the new drugs last spring. "Suddenly I had energy. The depression started to disappear. You don't think as much about suicide or death."

But this success is a decidedly mixed one.

Today, as people observe World AIDS Day with candlelight vigils and religious services, six people are becoming infected with the human immunodeficiency virus every minute, according to the World Health Organization. Internationally, an estimated 6.4 million people have died.

In the Third World, where the disease is spreading most rapidly, costly drugs are beyond the consciousness of people who may struggle to find adequate food or shelter. Even in this country, where a half-million people have been diagnosed with acquired immune deficiency syndrome since 1981, the new drug therapy is not for everyone.

"We've been seeing patients who have literally come back from the jaws of death," said Dr. Joel Gallant, an AIDS [See AIDS, 27A]

The Baltimore Sun
December 1, 1990

For people with AIDS, new hopes, challenges

[AIDS, from Page 1A]

specialist with the Johns Hopkins Medical Institutions. "But these drugs are really separating even more our patients into two groups — those who can pay and those who cannot. Those who can take them and those who can't."

Not everyone has the money, insurance or aid to cover \$12,000 or more in annual medication expenses. Not everyone is sufficiently motivated to abide by complicated dosing schedules. And some cannot tolerate the side effects, which can be harsh.

These forces have made the drugs an unrealistic option for many drug addicts and homeless people — even for professionals who lack the drive to take potentially dozens of pills at staggered intervals throughout the day.

Suddenly starting over

And for many people who are reaping the benefits, renewed health has its unexpected downside: the sudden panic that comes from getting a life back after spending months or years counting on nothing but death.

Many patients quit their jobs, sold their homes, ran up debt and gave away possessions. Some, like Gawlas, planned their funerals and wakes — right down to the Psalms, wine and food. Now they must plan their lives, not knowing if recovery will be prolonged or short-lived.

"Certainly, there's a sense of exhilaration," said Dr. David Haltiwanger, a psychologist who counsels people with AIDS at the Chase-Brexton Clinic in Baltimore. "But it's amazing how fast the other side sets in. A person doesn't adjust to bad news overnight. You don't feel like you have to adjust to good news overnight either."

The drugs creating the excitement — and frustration — are protease inhibitors. Although they were previously given to select patients enrolled in clinical trials, physicians started to prescribe them aggressively earlier this year when the U.S. Food and Drug Administration approved them for commercial sales.

Patients usually take a protease inhibitor in a "cocktail" with two older drugs from the category that includes AZT. Such cocktails are designed to outfox the AIDS virus, which has shown a maddening ability to develop resistance to whatever drug is employed against it.

Combination therapy

Combination therapy, which has been used effectively against tuberculosis, follows a simple logic. If the pathogen becomes resistant to one drug in the cocktail, it is likely to succumb to the others. Doctors can keep the virus on the run by making substitutions over a patient's lifetime, taking one drug out of the mix and employing a new one that had been kept in reserve.

Gawlas, diagnosed with AIDS in 1993, spent the first three years of his disease in single-drug therapy, switching from one anti-viral to another in search of one with lasting effect. Each suppressed the virus for a short time only.

Although he never contracted one of the deadly infections that prey upon people with AIDS, he shed more than 40 pounds and could barely muster the energy to get out of bed. He had lost nearly all his T-cells, components of the immune system that play an essential role in warding off infection.

Gawlas had quit his job as a kitchen and bathroom designer with Hechinger's. He was too sick to work and became convinced he would be completely bedridden by Christmas and dead within a year. During the worst times, he said, his thoughts turned frequently to suicide — not just the concept, the grisly details as well.

In April, his doctors at Hopkins put him on a protease inhibitor along with AZT and 3TC, two of the more conventional anti-virals. In five days, the benefits were rapidly taking hold; in five weeks, they were startling.

Along with his newfound energy, he began to gain weight. Soon, he was searching his closet for clothes that fit his widening girth. His cheeks acquired a pinkish glow, projecting health and vitality.

continued

Gawlas, who once worked as a medical technician in cardiology and nuclear medicine, plans to enroll in a graduate program that will qualify him as a nurse practitioner or physician assistant. In so doing, he will use his recovery to help others in need.

With a future to consider, he speaks of jubilation — and fear.

"First you lose everything, then you have to get it back," said Gawlas. "What you had before you don't have anymore. You have to go find it."

He had cashed in half his life insurance and acquired debts, saying today that his credit "looks like a trash can." Having quit his job, he wonders whether he can take the gamble of returning to work — surrendering the government disability income that he struggled for more than a year to get.

If he takes the risk and the drugs lose their effect, he will again be without income.

Such is the uncertain life of an AIDS patient who is seeing good things happen.

"If I make it, I make it," Gawlas said. "If I don't ... then at least I gave it the college try."

Myra Hill, 45, has organized her life around her drugs. Besides her triple-drug cocktail to fight the AIDS virus, she takes several other drugs to control infections, depression, insomnia and the effects of early menopause that she says was brought on by AIDS.

She takes a dozen different drugs throughout the day, each on its own schedule. Some must be taken with food, some without. So complicated is her dosing schedule that she carries a pill container with a programmable alarm that sounds every hour or two.

Last summer, she toured Disney World with her sister and two nieces, an insulated bag slung over her shoulder to chill a protease inhibitor that must be refrigerated at all times.

"I had to get everybody on my schedule," she said. "At times, it's a little depressing. It can make me feel like an invalid, which I don't want to think of myself as."

Nonetheless, the drugs have brought newfound optimism and a dramatic drop in her viral load, the concentration of virus in the bloodstream. She recently left her job as a state caseworker for AIDS-afflicted families ("I buried five others and three children from my caseload"), but today volunteers for an assortment of organizations that help people with AIDS.

AIDS cases

Maryland's Center for AIDS Epidemiology has released statistics on the number of AIDS cases diagnosed in Maryland and its subdivisions from January 1981 through Sept. 30, 1996. The U.S. Centers for Disease Control and Prevention has released national data through June 1996.

	Alive	Dead	Total
Maryland total	6,370	8,586	14,956
Baltimore City	3,217	4,486	7,703
Anne Arundel	196	281	477
Baltimore	363	598	961
Carroll	18	35	53
Harford	73	98	171
Howard	72	103	175
Queen Anne's	15	18	33
Metro Baltimore total	3,954	5,619	9,573
Washington	3,927	5,193	9,120
Maryland suburbs	1,697	2,372	4,069
Virginia suburbs	1,089	1,875	2,964
Metro Washington total	6,713	9,440	16,153
U.S. Total	205,102	343,000	548,102

"I've found some hope that this medicine is buying me a little time," she said. "That does a lot to make me not so damned depressed."

Hill knows that anything less than an obsessive desire to take these drugs on schedule can render them useless, so strong is HIV's tendency to evolve mutant strains that can poke through a breach created by human error.

"I'm very conservative about what I believe," said Dr. Carla Alexander, a physician with the

Chase-Brexton Clinic, where Hill is something of a model patient.

"I have patients who feel incredibly well, and those people are golden. But a lot of people can't take these drugs. It's very unrealistic for physicians and virologists to believe that people can take medications like a machine."

All told, Hill's drugs cost more than \$20,000 a year. Part of the cost is covered by her private in-

surance, the rest by a state drug-assistance program for people with AIDS who have slightly too much money to qualify for Medicaid.

Although Maryland has one of the nation's most generous drug assistance programs, many are left out. Among them are people whose income is too high to qualify for the drug program but whose private insurance has a \$4,000 or \$5,000 cap on medications.

Stephanie Silver, a social worker with a University of Maryland AIDS clinic, said one of her clients with limited insurance didn't qualify for the state's drug assistance program until he separated from his wife. Financial strain may have partly accounted for the marriage's undoing — but so did the realization that he would qualify as a single person.

Protease inhibitors are enabling many people to return to work, but some hesitate because they will lose their state coverage. Weighing heavily on their decision is the knowledge that, from a medical standpoint, they cannot afford to interrupt therapy.

"You want to encourage people to work, but what effect will that have on their ability to take these drugs?" Silver said. "What kind of a message is that?"

For a list of World AIDS Day activities in the region, call Sundial at 783-1800, ext. 6120.

Senate Bill Would Help to Fund Clinic Expansion

The Maryland Senate Budget and Taxation Committee is expected to make a recommendation shortly on a bill that would provide \$100,000 in state bond money to the Chase Brexton Health Services.

Senate Bill 456, which was introduced by Senator Perry Sfikas, a Baltimore Democrat, would fund improvements and expansion at Chase Brexton's clinics and offices at 1001 Cathedral Street in Baltimore. The facility houses Maryland's largest community-based provider of HIV primary care services and the area's only health facility dedicated to serving gays and lesbians.

Sfikas says the funding is needed because the medical center has outgrown its available space as the AIDS epidemic has grown.

"When Chase Brexton bought the Cathedral Street building in 1993, it had 12,000 square feet, which was sufficient for its operations," he explains. "In 1997, the number of patients and the services they need has gone up, and so has the need for space."

The \$100,000 would be paired with a matching amount Chase-Brexton raised through private donations. The money would go toward creating an additional 2,000 square feet of office and treatment space, improving the basement so that records can be stored there, upgrading the facility's heating and air-conditioning system, and improving access for clients with disabilities.

A hearing on the measure was held March 8 in the Senate Budget and Taxation Committee. Sfikas spoke in favor of the bill, as did Chase-Brexton board president David Hankey and executive director David Shippee.

Sfikas's chief aide, Clinton Macsherry, says the hearing went very well. Because there are so many bond issues before the legislature, and only about \$15 million available, political wrangling will determine which bills are selected for approval by the House and Senate. The aide says Sfikas is optimistic about his bill's chances.

Macsherry says Governor Parris N. Glendening has indicated that he would support S.B. 456, if approved.

— Natalie Davis



CHASE-BREXTON
HEALTH SERVICES

Diverse Services for a Diverse Community

SUPPORT GROUPS

Lesbian/Bisexual Women's Therapy

This group meets at CBHS on Wednesdays from 7:00 pm-8:00 pm. To register or for further details, please contact Esther Margolius, LCSW-C at (410) 837-2050, ext. 412.



Gay Men's Psychotherapy

This group meets at Chase-Brexton Health Services, Inc. Mondays at 6:00 pm. For further information, contact Jeff Klug, MA at (410) 837-2050.

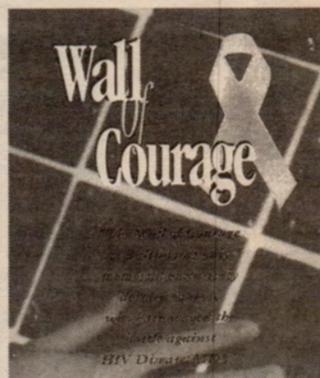


S.O.S.

New Support Group for Significant Others Affected by HIV/AIDS

This weekly support group is forming at CBHS for HIV Negative persons whose lives are affected by AIDS. "Significant Others Support", or S.O.S., is specifically geared toward those who are dealing with a loved one - partners, parents, children, siblings, friends, and others who have HIV/AIDS. The group will be held on a weekday evening and will begin meeting in March 1997. For further information and registration for this FREE offering, please contact Ken Ruby LGSW at (410) 545-4481, ext. 405.

For Your Information



Rodgers and Hammerstein's The King and I Benefit Set for May

CBHS will be hosting a benefit in conjunction with the Friday May 30 performance of Rodgers and Hammerstein's The King and I, starring Haley Mills (which is running from May 20 through June 1) at The Morris A. Mechanic Theater. Seats are located in the Orchestra and Dress Circle Sections of the theater. The evening will conclude with a reception in the theater's North Lounge. Don't miss out on the opportunity to see this popular show while supporting CBHS! For benefit information, please call (410) 545-4481, ext. 701.



General Primary Care Services

- Preventative Care Services
- Treatment for Acute Illnesses
- Referrals
- Consultations
- On-site Pharmacy

1001 Cathedral Street
Baltimore, MD 21201

410-837-2071

Leading By Example: Dartanyan Johnson Keeps a High Profile

568
4-18-97

By STEPHANIE LEE

There is less than one month to go before Dartanyan Johnson enters the Mr. Gay Maryland pageant for the fifth time. He currently holds three titles including Mr. Gay Mid-Atlantic, Mr. Gallery, and his most recent one, Mr. Charm City. He won the Mr. Charm City title on February 8 at the Allegro. He claims to be nervous about the upcoming contest, but nothing in his body language express fear. He is casual, entertaining, and well, quite frankly, charming.

Some of Johnson's obligations as Mr. Charm City are to support area shows, perform, compete, and support male entertainment. He adds to that list his personal goals of serving the community and bringing in more male entertainment.

"There are not a lot of male performers," Johnson said. "I want to get it out there, to say we're here, this is what we do."

As for his goal to serve the community, Johnson has been practicing what he preaches for ten years.

Johnson came to Baltimore from Tacoma, Washington, 12 years ago. He was 13 years old, and trying to come out for the first time. He turned to Sufficient As I aM (SAIM), the gay youth group at the Gay and Lesbian Community Center of Baltimore (GLCCB), hoping to find help. It was there that Johnson found "love and support."

"They opened me up and made me feel comfortable," said Johnson.

The youth group gave Johnson books and pamphlets, and eased his coming out experience. He has never forgotten the importance of the group, and has been a facilitator for the group for the last ten years.

"Too many people forget about the gay youth," Johnson said. "Just like someone paved the way for all of us, we have to pave the way for them."

He says there are approximately thirty young people in attendance at SAIM meetings each week.

"We give them a safe haven, where they can be themselves," says Johnson, "We provide an outlet for them."

Johnson concedes that many things have changed since he came out some twelve years ago. His work as a facilitator for the youth group and as spokesperson for

Chase-Brexton Health Services requires that Johnson call on area schools to give talks about safe sex and distribute pamphlets and flyers offering education and help for gay youth.

"Now we're able to call schools and get permission to put up flyers or distribute pamphlets," explained Johnson. "In the past, people would just hang up the phone."

Johnson realizes that for as many steps forward there are also steps backward. He is

youth and the gay, lesbian, bisexual, and transgendered communities, hopes to "break down barriers."

Johnson has had to cross some barriers of his own. When he first decided to run for the title of Mr. Allegro back in 1996, some of his friends thought he wouldn't win because he is black.

"They told me I wouldn't have a chance," he said. "I just told them they were wrong, and they were."



visibly pained that young gay people still don't have adequate resources or support groups.

Johnson sadly admits: "We still have a long way to go. But it has to start with someone. Someone has to do something."

He is visibly excited when speaking about his work with young people, and reveals the importance of being a role model for them, saying, "It is good to say I got through it. I lived through it, and here I am."

He is furthering that message with his involvement in the Rainbow Models, a group that, through their work with gay

Johnson went on to win that title, which he considers his favorite to date. The Allegro holds a special place in Johnson's heart.

"They have always been supportive of everything I did. I was the first black man to win that title and I will always remember my year as Mr. Allegro."

Some of the racial barriers are still being scaled by Johnson. He seems saddened by the response of some people to this year's Pride festival being held in Druid Hill Park.

"I've heard people saying it's not a safe area. I say what is safe anymore? Druid Hill fits the needs of the festival. That's the bot-

tom line, it fits our needs."

Johnson expresses his brief that not enough people ask questions of themselves when it comes to racial harmony, saying, "Until we are willing to question ourselves we will be a divided community."

Johnson does believe that the majority of people will come out to support Pride.

"I think those who want to support the community will be there. Let's just get past race. Let's support each other. If we did that we would be a better community," he said.

Johnson's ability to help, and willingness to serve the community, is expressed throughout his life. In addition to his work with gay youth, and his involvement in the gay community, he teaches special education at Gwen Falls Elementary School.

"It's a challenge to be there, to go beyond what I know I can do," he said. "I get real fulfillment out of that."

His plans for the future include owning his own business and, he said, "Who knows, maybe you'll see me someday up on the big screen." He has done some theater work, and been in a few plays with the Arena Players. For now he is concentrating his energy on next month's competition.

Johnson graciously said, "There are six hard-working men in this competition, all deserving of the title, Mr. Gay Maryland."

His supporters include his mother who, along with his sister, attends his shows. He laughs when remembering his mother initially thinking her son being gay was "a phase."

"Once she realized this is who I am she has supported me," he said.

He is one of fourteen children in his family.

"Seven straight, seven gay. We are a project."

Johnson is getting ready for his own project. He has waited five years for the title of Mr. Gay Maryland and, ultimately, Mr. Gay USA.

"It was one of my goals when I first began competing back in 1992," he said.

Johnson is aware of the publicity attached to being a performer. He is often recognized, and he waves at anyone who waves to him. He concedes that being in the spotlight can be hazardous to relationships, but is keeping his personal life a bit mysterious saying only, "I am dating sporadically."

4/18/97 BE

LOCAL NEWS

Measure Passed By Legislature Will Help Fund Chase-Brexton

By STEPHANIE LEE

Chase-Brexton Health Services, the largest community-based provider of HIV health care services, will be provided with State bond money through the passage of House Bill 1191/Senate Bill 456. The Senate bill was introduced to the Budget and Taxations Committee by Democrat Perry Sfikas; it was sponsored in the House by Tony Fulton (D-District 40), Salima Siler Marriott (D-District-40), Maggie McIntosh (D-District-42), Sandy Rosenberg (D-District-42), and received bipartisan support.

The bond money, in the amount of \$100,000, will be used to assist in the expansion of Chase-Brexton's offices at Cathedral Street. According to Martin A. Conover, the director of development for Chase-Brexton, the expansion will include

building out additional space on the second floor to provide treatment rooms for patients. The basement will be renovated to afford a dry environment in which to store the records currently on the second floor. The Cathedral Street office space was initially purchased in 1993, and Chase-Brexton moved in November of 1994.

"We quickly expanded," said Conover, "and now we are pretty well closed in." The need for expansion is due in part to the Primary Medical Services now being offered, as well as an in-house pharmacy.

Conover explains: "We have always been committed to general medical care as well as providing HIV health care services."

The general medical care is currently being offered twice weekly. There is also work needed on the heating and air conditioning units at Chase-Brexton's facility.

"The building was just bare frame work when we moved in. The heating and air conditioning hadn't been used in so long that most of it didn't work. The ones that worked did not work well," Conover said.

Conover cites concerns for patient welfare, comfort, and the ability to treat greater numbers as the main focus for the expansion and building projects.

Chase-Brexton's director of Volunteer Services and Program Development, Rhonda Van Roekel, has plans underway to work with Maryland's local businesses in an attempt to raise the remaining \$100,000 needed to match the bond money, as it must come from private donations. This is the first time, according to Conover, that Chase-Brexton has received money through this (legislative) process. He adds that David L. Hankey, Chase-Brexton's board

president; David A. Shippee, Chase-Brexton's executive director; and Rhonda Van Roekel were the point people in allocating funds.

"They were instrumental in making this happen," Conover said. "We have always been committed to the gay and lesbian community."

There are currently works in progress with contractors, in preparation for the future development of the clinic.

Chase-Brexton Health Services is located at 1001 Cathedral Street. For more information on services offered, call (410) 837-2050.

Baltimore HIV clinic to receive state funds

by Jane Taylor

Chase Brexton, a community-based health center serving primarily the Gay population of Baltimore, this month became the first Gay agency in Maryland to receive a state capital grant.

The center is designated to receive \$100,000 in bond money. The expenditure was authorized with the Maryland legislature's approval of Democratic Gov. Parris Glendening's fiscal year 1998 budget on April 7.

Chase Brexton, founded in 1978, has become Maryland's largest community-based provider of HIV health care services, and it is the largest Gay male and Lesbian organization in the state, according to Martin A. Conover, director of development, in a statement released on April 14.

Chase Brexton currently has more than 1,700 HIV clients, Conover said. He said it also has many more clients who seek the center's services for mental health, addiction problems, and also for general health care.

"Everything we do is on the sliding fee scale," Conover said. "We do not deny anyone access to care due to inability to

pay."

Conover said this money will go toward building of additional office and treatment space, as well as the upgrading record storage space and the current heating and air conditioning systems.

"We basically have a water problem in our storage in the sub-basement ... which we have to make dry," he said.

In November 1994, Chase Brexton moved into its current location at 1001 Cathedral St. — an historic building in Baltimore's Mt. Vernon district, which is part of a downtown revitalization project.

As required by the state, Chase Brexton will raise an additional \$100,000 in private donations to match the bond money, Conover said. Within the next three months, the center will launch a fundraising campaign, he said.

"It's going to take a concerted effort," Conover said. "However, there are some other programs that we are working on putting together ... to really maximize the donation dollars." He said the clinic is planning to utilize fundraisers in conjunction with a few other state-originated programs.▼

Bla... 4/18/97

Moving Dedication of Patient Advocate Desk at Chase-Brexton



L to R: Joan and James Elliot, and Terry Wheeler with her sons

Tracy Elliot may have passed away, but thanks to Chase-Brexton Health Services and their patient advisory council, her image remains near the desk she tended with undying spirit.

The "patient advocate desk" has been in place at Chase-Brexton for about a year.

Members of the Ryan White CARE Act-mandated patient advisory council take turns staffing the desk through the week, according to Vini Meyers, council-staff liaison and executive assistant to Dr. Carla Alexander, the clinic's medical director. On the desk are pamphlets and other informa-



tion such as the clinic's pharmacy hours, various telephone numbers, and so forth. The volunteer attendants, all patients themselves, provide support and companionship which helps to comfort and empower other patients, Meyers said. The patient advocate "gives [the patients] someone they can relate to and commiserate with," she said.

Ms. Elliot was a frequent patient advocate despite her illness.

"She was extremely ill for a while," Meyers said. "And then she made a bit of a comeback. She came in and said 'What can I do to help?' And I thought 'She looks so weak, hope she's up to it.' But it gave her new life and inspiration to sit at that desk and help comfort others."

Alexander, Meyers, and the clinic's executive director, David Shippee, joined other staff members and members of the advisory council, along with the parents, sister, and nephews of Ms. Elliot at Tuesday's event which dedicated the desk to her memory.

Chase Brexton Bond Bill Wins Approval in Annapolis

Thanks to a last-minute push by state Sen. Perry Sfikas (D-Baltimore City) the General Assembly, in a bipartisan effort, voted near the end of its 1997 session to give \$100,000 in state bond money to Chase Brexton Health Services. The funding, along with a matching amount that the clinic must raise from private donations, will go toward expansions to the health center at Cathedral and Eager Streets in Mount Vernon.

“We couldn’t be happier,” said Martin Conover, Chase Brexton’s development director. “We accept this as a sign of support for the entire community.”

The funding will go toward creating additional office and treatment space at the clinic, improvements to the basement to allow for records storage, an upgrade to the facility’s heating and air-conditioning system,

and making access to the center easier for people with disabilities.

The bills asking for the bond money were introduced by Sfikas in the Senate, and in the House by Delegates Tony Fulton, Maggie McIntosh, Salima Siler Marriott and Sandy Rosenberg. The request for Chase Brexton was one out of approximately 120. Only 31 were ultimately approved, and the clinic was one of only a handful that received full funding.

Chase Brexton is Maryland’s largest community-based provider of HIV health care services.

In addition, it offers other medical services, including mental health care and an in-house pharmacy, to the gay, lesbian, bisexual and transgender community.

— *Natalie Davis*

In a community, the health care of its members is of paramount importance. **Chase Brexton Health Services** has been committed to that concept since it was founded as part of the Gay Community Center of Baltimore in 1977.

In its earliest days, protecting gay men from venereal disease and hepatitis was the clinic's focus, but much has changed since then. Now, as an independent health center with its own building (at Cathedral and Eager Streets) and serving more than 700 patients, its staff focuses on teaching HIV prevention and caring for people with AIDS.

Lesbians and bisexual women are served, now, too. "Satisfaction abounds, but it's tiring at times," sighs Catherine Carroll (left), a certified nurse practitioner who works as a clinician for HIV services and supervises the Monday evening women's clinic. "We work very hard. To do the work and do it well means giving a lot of yourself," she says.

Dick Schreffler (center), who spent a long career as a Presbyterian minister before joining Chase Brexton as a clinic volunteer, agrees.

"I'm 77, and people wonder why I don't relax," he says. "This work is important, and I'm glad to help in any way I can."

It's obvious that dedication and commitment runs as strong now as it did 20 years ago. Says assistant case management coordinator Warren Conner (right), "The best part of this job is that we make a difference by helping people make a difference in their lives." — ND

If Takes a Community



National Confab Focuses On Women and HIV

BY MARIA HAMMONTREE
THE ALTERNATIVE

The National Conference on Women and HIV, which took place in Los Angeles May 4-7, brought together researchers, health care providers, policy makers and women living with HIV.

Sponsored by the Los Angeles County Department of Health Services in collaboration with the Centers for Disease Control and Prevention and National Institutes of Health, the sessions were filled with statistics and supporting research. Some new data from clinical studies and preliminary research added to the discussion of complete care for

women with HIV, but the true value of the conference was in recharging the spirits of the more than 1,200 who attended.

The conference took place at an important point in the HIV pandemic. Women are the fastest-growing at-risk group for HIV infection, and now account for nearly half of the reported HIV cases worldwide. In the United States, women account for 17 percent of reported cases, but, alarmingly, 76 percent of these are women of color.

AIDS is now the third leading cause of death among American women ages 25-44; it is the leading cause of death among African-American women of all ages. In 1996, death rates among men decreased 15 percent, but increased 3 percent among women.

Only 11.4 percent of people with AIDS in clinical trials are women. Although up from 8.7 percent five years ago, these numbers have not kept pace with the rates of occurrence. In the first six months of 1996, women actually accounted for an all-time high of 20 percent of adults with AIDS, showing that women sicken faster than men. This rate is driven by socioeconomic differences. Fear of the medical system, denial, and ignorance of risks and early symptoms lead to a later diagnosis for many women, when they already ill.

Sandra Dean, an outreach worker with Baltimore's Chase Brexton Health Services who attended the Los Angeles gathering, points out that a separate women's conference is necessary. Other gatherings do not give as much time to results of women's studies or take time to address the social aspects of care.

"Women are programmed to take care of children and family and others, and save ourselves for last," Dean says.

Providing education and reminders of simple preventive care could help prevent transmission. For example, new data at the

AIDS is now the leading cause of death among African-American women of all ages.

conference demonstrated that quickly treating infection and avoiding douching increased the health of the genital tract and provided a measure of barrier protection by reducing abrasions.

Health care providers may need to ask what the patient knows about a medication or therapy to address concerns, dispel myths, or find alternatives before giving prescriptions.

This demands staff to keep up with current standards of treatment and clinical trials that may not have included women or might give a patient access to new treatments. For

example, at the conference news was released about a new microbicide that appears to be totally nontoxic, can be applied vaginally and is very likely to prevent transmission. Clinical trials are now starting.

Dawn Smith, co-project officer of the CDC's HIV Epidemiological Research Study, says: "We asked women why they weren't taking [AZT]. The answers focused not around individual decisions but around either belief about the providers or things the providers had told them. We've tried to explain drug use by the woman's race, the woman's age, the woman's insurance status, but we haven't looked at what the doctor's half of

this equation is to understand who's using and who's not using."

The Baltimore Alternative
June 1997

AMONG WOMEN, LESBIANS ARE A marginalized subgroup with unique characteristics and risks. According to Amber L. Hollibaugh, National Field Director of the Women's and Lesbians' National HIV/AIDS Community Development Project, researchers have difficulty categorizing and distinguishing between subgroups of women by the intricacies of self-image, behavior, history or gender.

"This dilemma contributes to the confusion about the disparate needs of the many female subgroups, including women who partner with women, female sex workers, women with histories of incarceration and drug use, transgender women and sexually experimenting female youth," Hollibaugh explains.

Only one session at the conference targeted lesbians, and included a presentation on a program of the Gay Men's Health Crisis, the Lesbian AIDS Project, the first to officially recognize these subgroups in homeless shelters, prisons, juvenile detention centers, detoxification and rehabilitation centers and community institutions. For more than five years the project has provided outreach, education, testing and medical services.

Opportunistic infections more specific to women were also discussed at the conference, notably invasive cervical cancer. Women were also seen to have a higher incidence of *Pneumocystis carinii* pneumonia, esophageal thrush, esophageal yeast, strep pneumonia, and CMV colitis.

At the conference, preliminary results of a longitudinal study of 2,069 women were released which showed the occurrence of types of breast cancer that were unusual and diagnosed in women younger than expected.

Measurements of the viral load in saline washes of the vagina suggest possible reservoirs of the virus in women's genital areas. Barbara Weiser, chair of virology for the Women's Interagency HIV Study, noted, "If the woman is on antiviral agents and they're wiping out the virus in her blood but there is a lot of virus and very little drug getting to her genital area, that's a problem and we need to know about that."

For Chase Brexton's Dean, the real news was the change she saw in the attendees. "At first it was 'Are we fighting a losing battle, here?' Now it is great to be with all of those women who are fighting. You can see the hope in their eyes."

*Thought you may not
have seen this in
your Health Sec.*

Hands-on Doctor Oversees AIDS Programs

Selection of Administrator for Consolidated Federal Funding Praised by Experts, Activists

By Susan Okie

Washington Post Staff Writer

Once a week, Joseph O'Neill works as a doctor in an inner-city Baltimore clinic, taking care of poor people who are infected with the human immunodeficiency virus, which causes AIDS. The rest of the week, he works in Rockville as a federal bureaucrat, running the government programs that help pay for drugs and health care for his patients.

"Thousands of times, I've been on my knees in a box of drug samples, trying to put together enough pills to get one of my patients through the next two weeks," said O'Neill, who is trained in internal medicine and has spent much of his career caring for poor people with HIV. "Not a day goes by that we are not acutely conscious of the fact that there are people suffering who are not getting treated."

Last week, O'Neill became the first head of the new HIV/AIDS bureau within the Health Resources and Services Administration (HRSA), which will administer all of the programs under the Ryan White Care Act. The Ryan White programs—which have an annual budget of more than \$1 billion and subsidize the cost of drugs and medical care for HIV-infected people—had previously been scattered through five different parts of the agency.

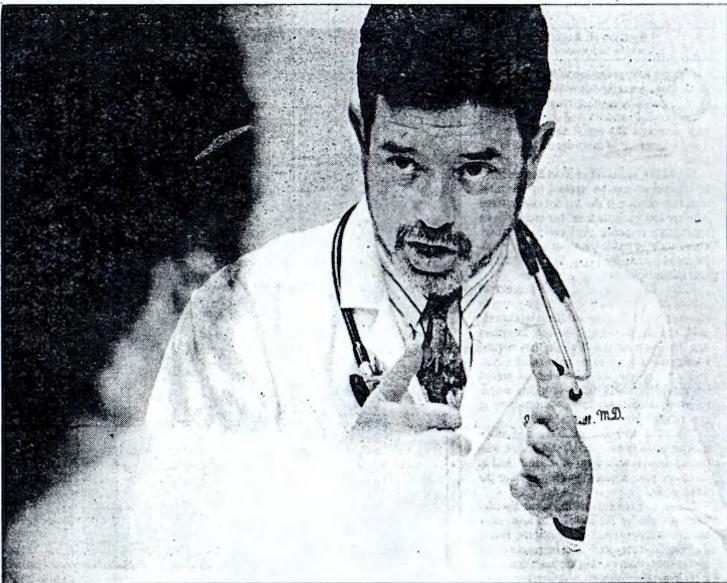
AIDS experts and community activists were enthusiastic about the consolidation of programs and about O'Neill's appointment. Both come at a time when the success of new combination therapies for HIV and a resultant increase in demand for care have created intense pressure on the Ryan White programs.

O'Neill's experience as an AIDS doctor "makes a huge difference," said John Bartlett, director of the infectious diseases division at Johns Hopkins University School of Medicine in Baltimore. "There's a big difference between people that manage AIDS from behind a desk and people that manage AIDS in a clinic."

Bartlett said appointing a bureaucrat with no experience on the front lines of AIDS care to run the Ryan White programs would be like asking a person who has never driven a car to design the country's automobiles.

Claude Earl Fox, HRSA's acting administrator, said consolidating the Ryan White programs within the agency will reduce paperwork and duplication and should make the funds go farther. HRSA's HIV/AIDS programs serve an estimated 300,000 people each year. The Ryan White Care Act (named for an Indiana youth who became a public figure during his battle against AIDS in the 1980s; he died in 1990 at age 18) provides grants for improving the care of HIV-infected people in all states and territories as well as to 40 of the country's most affected metropolitan areas, including Washington. The law also created the AIDS Drug Assistance Program (ADAP), which helps pay for the expensive drugs now being used to slow the progression of the disease in infected individuals.

O'Neill has been responsible for directing HRSA's policies on HIV/AIDS since 1995. For one half-day each week, he also volun-



By ROBERT A. REEDER—THE WASH. POST/PHOTO

Joseph O'Neill, who last week became the first head of the new HIV/AIDS bureau within the Health Resources and Services Administration (HRSA), works once a week taking care of AIDS patients at an inner-city Baltimore clinic.

"There's a big difference between people that manage AIDS from behind a desk and people that manage AIDS in a clinic."

— John Bartlett, director of the infectious diseases division, Johns Hopkins University School of Medicine

teers at Johns Hopkins University's Moore Clinic, which serves people with HIV/AIDS.

From 1992 to 1994, he worked at Chase Breton Health Services, a Baltimore community AIDS clinic similar to Washington's Whitman-Walker Clinic. There, he ran Maryland's largest HIV counseling and testing program, administered a program to recruit inner-city patients into research trials, and treated AIDS patients at the clinic, in hospitals and in their homes.

O'Neill, who received his medical training at the University of Washington in the late

1980s, said he saw his first AIDS patient as a medical resident. The man died of *Pneumocystis pneumonia*, a lung infection that doctors can successfully treat today without admitting patients to hospitals. "At no time in the epidemic has it been so clear that high-quality health care makes a tremendous difference in how well and how long people with HIV live," he said.

He said he has seen the obstacles that poor people have to surmount to get health care—some of which have been created by the federal bureaucracy, including his own agency.

"There are specific things that I learn," he said, like "what it means to take three or four buses to get to the clinic. What it means to a woman [being treated at one clinic] to have a sick child who has to go to a different clinic" because federally subsidized treatment for adults and children with HIV is not available in one place.

O'Neill said that on dozens of occasions, he has returned to his Rockville office after working at the clinic with ideas about how to make the Ryan White programs work better. He said his staff at HRSA is eager for such suggestions.

"People are really hungry for that contact with the outside. They say, 'Is what we're doing in here really making a difference?'"

The move to consolidate the various Ryan White programs under one manager should reduce competition among the programs, which has been a problem in the past, said Cornelius Baker, executive director of the National Association of People with AIDS.

He applauded O'Neill's appointment to head the new bureau.

"He's not just an abstract administrator in Washington," Baker said. "He's worked in one of the hardest-hit cities in the country." ■

9/8/97 BGP

LOCAL NEWS

Angels in the Spotlight Will Swing Out at Benefit for Chase-Brexton

By JEN BEATTY
BGP Staff Writer

Two years ago a local director decided to invest his talent and knowledge of theater into a project which would honor his colleagues who had died of AIDS, as well as raise money to be donated to an AIDS health service provider. Since then, the project has raised approximately \$16,000 for Chase-Brexton Health Services.

"Looking back on the local talent we've lost, I decided to do something with my talent to help," said Eric Potter, founder of Angels in The Spotlight, an evening of musical entertainment, from which all proceeds are donated to Chase-Brexton.

In 1995, Potter went to his friend and colleague F. Scott Black with the idea and asked for Black's help in getting the project off the ground. The combined efforts of the two men resulted in Essex Community

College's (ECC) donating use of its theater for the event, Baltimore native performer Shannon Wollman giving her talent, and Chase-Brexton receiving over \$6,000.

"For two people it was a lot of work, so we formed a committee. Currently we have six committee members, in addition to myself," explained Potter.

Although the past two years have proven successful, the committee decided it was time for a few changes. As a result of WJZ-TV's media sponsorship, as well as the addition of several corporate sponsors, it was decided to move the event into the city. The Baltimore Museum of Art's (BMA) Meyerhoff Auditorium will host this year's Angels in the Spotlight. With Shannon Wollman unavailable for the event, the cabaret format of previous years has been changed as well. The entire evening will have a 1940's theme.

Four vocalists and the 18-piece WolfTrap band will perform hits from the Big Band Era. Baltimore theatergoers should recognize the names of vocalists Libby Tomlinson-Gensler, Edward J. Peters, Nadine Wellington and Dennis Wood, as all have been actively involved in the local theater scene for several years. Additionally, local performer and choreographer Ernie Ritchie and his dance troupe will participate in Angels for the third consecutive year.

Classic hits from the 1940's being performed include "Chattanooga Choo-Choo," "I've Got You Under My Skin" and "Fly Me to the Moon."

Despite the fact the Meyerhoff Auditorium seats about 60 fewer people than ECC's theater, Potter hopes to raise \$15,000 from this year's gala.

He said, "We never filled to capacity at

Essex. Tickets are already on sale and I think we're going to sell out."

Angels In the Spotlight is scheduled for Friday, September 26, 1997 at 8 p.m. Tickets are \$25, which includes a champagne reception immediately following the performance, and may be purchased through the BMA Box Office.

Both committee members and performers are volunteers, allowing all proceeds to go directly to Chase-Brexton.

A Lively Exchange of Ideas

BY MARIA HAMMONTREE

THE ALTERNATIVE

For intelligent debate and creative initiatives in lesbian and gay health care, Atlanta was the place to be at the end of July.

Over 800 people convened at the 19th annual National Lesbian and Gay Health Conference, which took place July 26-30. The National Lesbian and Gay Health Association coordinated the event to be held in conjunction with several other gatherings, including the AIDS/HIV Forum and the Caucus for the Coalition for Lesbian and Feminist Cancer Projects.

The theme of the conference, "Healthy Families, Healthy Lives, Healthy Communities" was driven home as professionals and advocates were challenged to broaden their view beyond their own issues of concern to include the health of our whole community.

"One of the most powerful moments of the conference was a session about including gay men in lesbian health issues," noted Cameron Wolf, a doctoral student at the Johns Hopkins University of Public Health and Hygiene. "So much of gay health has been subsumed by AIDS. Often lesbian health concerns have been lost because of the idea that they are at low risk for HIV, and the crisis is that gay men are dying. Things putting lesbians at risk for poor health outcomes are not addressed."

For example, as general incidence of breast cancer increases, studies show that lesbians have twice the risk for breast cancer (a lifetime risk of one in four). Lesbians not only need to fight for more breast cancer research and screening and treatment programs, but also for tracking as a high-risk minority group.

"The conference was our opportunity to present our groundbreaking work," said Bev Baker, executive director of the Mautner Project for Lesbians With Cancer. During the caucus of the National Coalition of Lesbian and Feminist Cancer Projects, she unveiled six tools developed in the past year with funding from the Centers for Disease Control.

Literature and a 30-second video public service announcement are designed to motivate lesbians to get breast cancer screenings. Three other tools educate health care providers on ways to make their practices safer and more accessible to lesbians: a 15-minute training video, a discussion guide, and a model care packet to guide practitioners during their interactions with lesbian clients. The Mautner Project's materials will be available in the fall. For information, call 202-332-5536.

Participants were challenged to broaden their view to embrace the health of the whole community.

impacted by multiple losses."

Several discussions at the gathering revealed the need to address survival guilt and other mental health issues of HIV-negative gay men. Participants noted that survivor guilt and depression are equally significant lesbian mental health issues, making this an important target for mutual support and activism in between subgroups of the community.

Finally, three first-time offerings at this year's NLGHC were received favorably enough to insure they will be part of next year's program: a track of presentations and discussions about domestic violence, a special session for lesbian and gay graduate students, and a meeting of mental health directors—which could lead to Baltimore's participation in more multi-center research.

The Mautner Project also announced that four cancer screening projects funded by the CDC will conclude at the end of September. Their results will offer a valuable look at lesbians' cancer risks and occurrence.

ANOTHER POWERFUL THEME CAME from a session on the needs of HIV-negative men and from the 15th AIDS/HIV Forum.

"HIV prevention strategies have to become more sophisticated, to incorporate feeling positive about being a gay man in prevention messages," said Dr. David Haltiwanger, director of mental health at the Chase Brexton Health Services in Baltimore. "HIV-negative men have been

The domestic violence track was introduced as a result of last year's special session by the Lesbian Health Project.

"There's concern that in the past several years we hadn't really gone anywhere," Margolius says. "We just kept talking about the same issues. Now we want to keep pushing forward."

"I feel really positive about what we're doing in Baltimore," she adds, referring to recent meetings between Chase Brexton, the Baltimore City Police Domestic Violence Unit, the House of Ruth, and the Sexual Assault Recovery Center, reported in this column last month. "Things here are really taking off."

The National Lesbian and Gay Health Association showed support for gay and lesbian students by giving them an opportunity to network with each other and openly gay faculty members at a special meeting focusing on doctoral students.

Cameron Wolf, who leads the student group in the Lesbian, Gay and Bisexual Caucus of the American Public Health Association, proposed and organized the meeting. The idea was to promote "mentorship" for lesbian and gay students of health or students of gay studies by giving academic and social support. Students also used the group for networking among themselves.

Wolf says he is encouraged by finding role models in his field, which is valuable since there are no out faculty at Johns Hopkins University's School of Public Health and Hygiene. Additionally, the gathering gives students a safe first venue to open their research to scientific peer review, which can be especially critical for gay studies.

Finally, a Counterpart Meeting of Mental Health Directors was organized by Chase Brexton's Haltiwanger. Directors exchanged information about programs, funding and research that will improve services and stretch program dollars and could result in Baltimore's participation in more multi-center studies.

"Chase Brexton was the first community health center with a base in the gay and lesbian community that was recognized as a federally qualified health center," Haltiwanger notes. This status allows Chase Brexton to bill services to government programs "rather than use money from Ryan White [federal AIDS funds] and charitable agencies in their city. We get calls all the time saying 'How did you do that?'"

The Baltimore Alternative
September '97

9/97 9/18/97 BGP

'Angels' Alight at BMA

BY SARAH BLAZUCKI
THE ALTERNATIVE

The revue "Angels in the Spotlight," a benefit for Chase Brexton Health Services and a tribute to local theater artists who have been lost to AIDS, returns this month, this year in a new midtown venue.

The concert, which takes place **F r i d a y**, September 26, at the Baltimore Museum of Art, will again feature local performer Edward J. Peters, with debut performances by **L i b b y Tomlinson-Gensler**, Nadine Wellington and Dennis Wood. They will be accompanied by the 18-piece



Angelic Voices: Libby Tomlinson-Gensler, Nadine Wellington, Shannon Wollman (who won't be appearing), Dennis Wood, and Ed Peters

orchestra Wolfe Trap. The musical program will include many classics, such as "Chattanooga Choo Choo," "I've Got You Under My Skin," and "Fly Me to the Moon." WJZ-TV anchor Ron Matz will host the evening.

Also returning this year is local choreographer Ernie Ritchey, with routines that will feature Debbie Briner, Liese Weber-Frutchey and Lester Holmes.

All proceeds from the concert will go to Chase Brexton. With nearly 20 years in community-based health care, the clinic provides HIV medical care, primary medical care, mental health services (including individual, couples and group therapy), HIV case management, nutritional services and

women's health care to over 1,000 Maryland residents. Services are provided regardless of an individual's ability to pay.

"Angels in the Spotlight" began three years ago as a memorial to 3Q local performers who died from AIDS. The idea behind the name of the concert is that

the performers who died are angels now and this is their spotlight.

The benefit, which in the past two years was held at Essex Community College, has raised over \$17,000 for Chase Brexton.

Tickets are \$25 each and include a champagne reception. They may be purchased through the BMA box office. If you would like to be in one of the 360 available seats, call 410-235-0100 to reserve one soon.

THIRD ANNUAL

Angels

IN THE SPOTLIGHT

WHAT / WHO: An Evening of Musical Entertainment to the Big Band Sounds of Wolfe Trap, with Vocal performances by **Libby Tomlinson-Gensler, Edward J. Peters, Nadine Wellington** and **Dennis Wood**. Dance performances by **Ernie Ritchey's** dance troupe featuring **Debbie Briner, Liese Weber-Frutchey** and **Lester Holmes**.

WHERE: The Baltimore Museum of Art, Art Museum Drive at N. Charles & 31st Streets.

WHEN: Friday, September 26, 1997 at 8:00 p.m.

WHY: To support the ongoing HIV Services of Chase Brexton Health Services, Inc.

TICKET PURCHASES: BMA Box Office
W-F 11:00 - 5:00, Sat/Sun 11:00 - 6:00
Credit Cards only, by calling **410-235-0100**
Cash, Check, Credit Cards in person

TICKET PRICES: \$25.00 per person, including a Champagne Reception following the performance.

FOR FURTHER INFORMATION:
410-545-4481, ext. 701

SPONSORS:

LabCorp
Life Sciences Division of America

GORDON, FEINBLATT, ROTHMAN, HOFFBERGER & HOLLANDER, LLC

COMPREHENSIVE CAR CARE

CORPORATE COVERAGE

Alternative HomeCare
Available in Maryland and Delaware

CD benefits AIDS patients

Life is going to be a bit easier for some local AIDS patients, thanks to the folks at 98-Rock.

Money raised from the sale of "Don't Move, I'll Go Get You a Towel," a CD featuring comedy cuts and other material from the station's Kirk, Mark and Lopez morning team, was presented to Chase-Brexton Health Services, a community-based health center

providing medical and social services to those infected with HIV. The center also provides AIDS testing and counseling.

Station personnel handed over a check for nearly \$80,000 during a Nov. 20 ceremony at the Hard Rock Cafe downtown.

Shane Lynch and The Poetry of Caring

BY D.C. CULBERTSON

THE ALTERNATIVE

If you call the mental health clinic at Chase Brexton Health Services, the person you'll talk to first will probably be Shane Lynch. An administrative assistant, he is responsible for making an initial evaluation of a caller's situation and referring the caller in the way that seems most helpful.

"The phone rings all the time," he says. Last week, for example, there were nine new patients in one day.

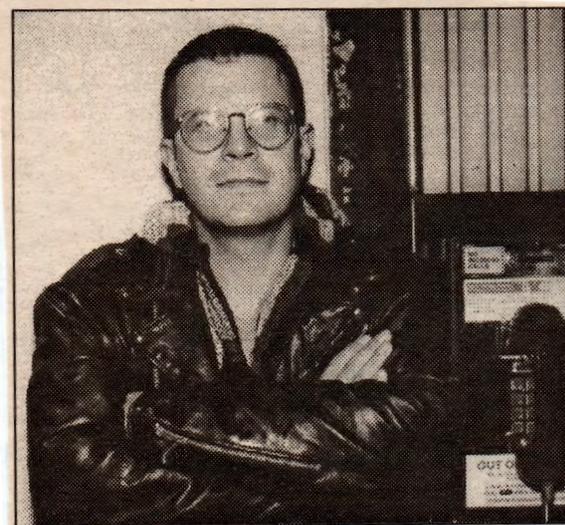


PHOTO BY JOSEPH KOHL

But Lynch doesn't seem to mind. From an early age, he has had a strong desire to help others, particularly young people. He also has an equally strong desire to write and express himself verbally. In Baltimore, he seems to have found an ideal niche for doing both.

Lynch, who is 34, grew up in Ottumwa, Iowa, just down the street from Tom Arnold—"He stalked my sister, so my brother beat him up!" he laughs. As long as he can remember, he's been fascinated by the written and spoken word. He would wake himself up at midnight to listen to the *CBS Radio Mystery Theater*, and he and his brother frequently wrote and recorded their own radio dramas.

But he also realized he was "different" in other ways. For example, he remembers having a crush on a male classmate in first grade! But, growing up in a conservative atmosphere in small-town Iowa, he was heavily closeted for most of his youth. In fact, he was 19 before he even met another gay person.

At Iowa State, Lynch majored in radio and television production, and served in the Naval Reserve. "It was fun," he says. "I enjoyed the military."

But he did not enjoy the hypocritical attitude toward homosexuals that he found there, where gayness was ostensibly forbidden despite the fact that one ship on which he was stationed was known to insiders as "The Love Boat" because of its large number of gay assignments. "I felt like every time I put my uniform on I was lying."

Depressed over his situation, Lynch got involved with drugs and alcohol and even tried to commit suicide, an attempt that landed him in the intensive care unit of the nearest hospital. While there, he says, "I had a spiritual awakening—I decided I wasn't going to fight myself anymore." When he got out of the hospital, he came out to his commanding officer and managed to get an honorable discharge, but he had to repay every cent of his educational benefits.

After his discharge, Lynch returned to his hometown, where he spent about a year putting his life back together. Then he moved to Ames, where he worked counseling runaway and abused adolescents at a youth shelter for about eight years. While there, he put together an HIV prevention program specifically aimed at young people and even got Pedro Zamora, who he had become friends with at a youth conference, to come and speak several times.

But although he enjoyed his job, "I made a commitment to myself that I would not turn 30 in Iowa," Lynch recalls. He found an opportunity to leave when he attended a conference on HIV prevention in Washington and just happened to meet the man who was to become his life partner. Six months later, in May 1993, Lynch quit his job and moved in with Robert Lizardi, his new boyfriend.

In Washington, Lynch worked in AIDS education for the National School Boards Association, and also did consulting work for various companies, including the Centers for Disease Control. But after Zamora's death two years ago, he

felt he couldn't work in the area anymore: "I got so tired of seeing the phenomenal waste of money."

Feeling that Baltimore had more to offer artistically, Lynch and Lizardi, a real estate agent, bought a house in Charles Village, where they and their four cats settled in. He commuted to his job in Washington for about a year and then took on a succession of odd jobs in Baltimore while looking for one he felt he could stick with.

The Baltimore
Alternative

November 1997

This past July, he contacted Chase Brexton about working for them—on the very day his predecessor quit, as it turned out—and was almost immediately offered a position.

Lynch has been writing poetry from an early age, but he didn't start reading in public until after Zamora's death. His first public reading was at the Raven Bookshop in Hampden, and since then he's performed prolifically in the Baltimore-Washington area, appearing at many regularly scheduled local readings.

Currently, he devotes most of his creative energy to Hurt Locker, a poetry and music trio he founded with fellow poet Scot Nell. Nell recently left for London, so currently the group includes, in addition to Lynch, string player/composer Walt

Evanowicz and drummer/poet David Baker. Lynch says that, although it took his parents about two years to accept him being gay, their relationship is closer than it's ever been, and he's close to Robert's parents as well.

As for the immediate future, Lynch hopes to be involved with a new program Chase Brexton is planning for younger men, and he also wants to put together a Hurt Locker CD.

"I get routinely frustrated," he says, because of all the different demands on his schedule, but "right now it's a good time for me. ... I feel for the first time I'm going in the right direction."

“I never thought about leaving,” Dr. Carla Alexander insists. Until last month, she was the director of clinical medicine at Chase Brexton Health Services. Although she never sought out a new job, Alexander was picked to create and direct the University of Maryland Medical Systems’ new Palliative Care Program in the Institute of Human Virology.

November 14 was her last day at Chase Brexton, which provides care not only to people with HIV infection but is also committed to serving the health needs of gays and lesbians. Alexander’s been involved with the clinic for 11 years and its medical director since 1989.

Alexander’s new position at the Institute of Human Virology will concentrate on palliative care. Viewed by some as strictly “end-of-life care,” palliative medicine is dedicated to the relief of suffering and the promotion of quality of life.

“For many kinds of diseases our system has just never dealt with the fact that people get older and die or that people get sicker and die,” Alexander explains. “I believe that people should get more from the health care system than they get from it now. One of the things that palliative care pays attention to is the continuum of growth and development. When you die, the most important thing is being able to look at your life and to feel like it’s been worthwhile in some way. ... For me the goal of palliative care is to allow people to keep physical symptoms and illnesses out of the way of that goal.”

Kathy Conner, program administrator for the Clinical Program at the Institute of Human Virology and Immunology at University of Maryland Medical Systems, acknowledges that the Palliative Care Program was little more than a topic of conversation in June. Colleagues at the University of Maryland suggested Alexander lead the program because they admired her work locally and nationally, shared her philosophy of medicine, and had enjoyed working with her.

“Her reputation precedes her,” Conner says. “We made our offer as attractive as possible and we are absolutely thrilled that she’s coming here.”

The Palliative Care Program is Alexander’s to design. Her new role includes instructing department officers and house staff and, eventually, medical students. She will design programs, review treatments and lead research. The Palliative Care Program is not limited to HIV patients, but targets chronic care throughout Deaton Specialty Hospital and Home, the university’s recently acquired long-term care facility. Conner says Alexander’s first responsibilities are to assess how palliative care can be applied in the departments, and then tell them what she needs to build the program.

Alexander says it’s important to advance palliative care while there is interest and funding available for these programs. “These waves don’t last a long time,” she says. “This is the moment.” She notes that she needs to move to an academic setting to change the way people think about and practice medicine, at the University of Maryland and any other place her students and colleagues touch.

Alexander, a national expert in the field of palliative care and a member of the board of the American Academy of Hospice and Palliative Medicine, will co-chair a conference this month in Washington on “HIV/AIDS: Challenging the Frontiers of Palliative Care.”

After 11 Years at Chase Brexton, Carla Alexander Moves On

BY MARIA HAMMONTREE

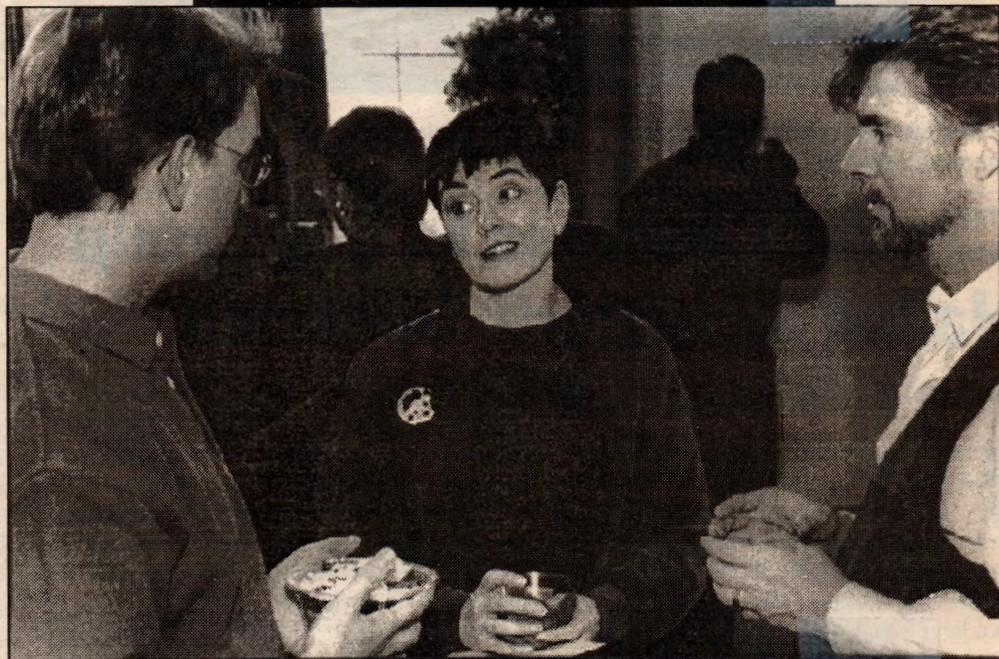


PHOTO BY JOSEPH KOHL

Carla Alexander chats with Chase Brexton Development Director Martin Conover and Jeffrey Kirkwood at her farewell party November 16.

“HIV disease is a good model,” she notes. “If you can offer services to people all the way through the continuum, that will keep people from falling through the cracks. [At Chase Brexton] we’ve approached the clinic as a palliative care model where we all work together as a team to make sure that people’s quality of life is good—that’s the goal. If they have pneumocystis then we do everything we can to get them through that, but if they aren’t going to be able to get through that, we don’t abandon them. We do whatever we have to do to make them comfortable and support them.”

David Shippee, Chase Brexton’s executive director, praises Carla Alexander: “I’ve always been amazed by her educational background, as someone whose first graduate degree was in library science and then stretched to medicine. I think when people assess and diagnose and treat folks, things don’t always neatly categorize like things do in a library. She went into medicine to focus on palliative care to help people transition to the life beyond. At the point she got into HIV disease, that’s really all we had to offer people, to help them die.”

Baltimore
Alternative

December 1997

continued...

THOSE FAMILIAR WITH ALEXANDER'S work at Chase Brexton know how hard it is to say good-bye. At first taking on small, short-term and even volunteer roles at the clinic, Alexander kept altering her personal and professional plans in order to be able to meet the needs of the growing clinic.

Her involvement began in 1986, when she was medical director for Stella Maris Hospice (a job she held 1993). Alexander volunteered to help out a friend who saw patients every Wednesday at the clinic at the Gay and Lesbian Community Center of Baltimore. Using donations and money from the Centers for Disease Control and the Baltimore City Health Department, the GLCCB had set up an anonymous HIV testing site and a seropositive reactor clinic for people testing positive.

"It just meant that's where you could see someone who was positive, but nobody knew anything you were supposed to do," says Alexander.

By 1989, it was clear that HIV triggered a chronic disease with a need for tremendous follow-up care; in February of that year, the Chase-Brexton Clinic split from the GLCCB and in June moved to rented space in the Medical Arts Building on Read Street. At that time, Alexander agreed to be interim medical director—as long as she could step down after three months.

"I had my own life. I was doing my fellowship," she explains. Nevertheless, when she was asked to stay on, Alexander agreed.

With few funds, a burgeoning case load for an overworked staff, and little hope to offer patients, times were hard.

"When we moved the clinic, we could put all 125 charts in a single box," Alexander recalls. "Back then most people didn't use their real names because of confidentiality. One person could have been seen five times under different names. People were beginning at least to use the same name—not necessarily their own name—so that we could

go back and get a chart." By November, there were 750 charts. "And lots of those were people who had died. We really had no way of knowing. That was a very difficult time," she says, in a voice that is barely more than a whisper.

"CARLA IS CHASE," SAYS CAROL Hilton, a supervisor of the ALIVE study at the Johns Hopkins Medical Institutions. "Carla put her entire life on the back burner for the epidemic. She worked 80 hours more than us. Chase was a second full-time job. She worked 10 years without a day off. For years, Carla was the only one with admitting privileges if you needed to go to the hospital. She made house calls, making sure patients were taking their meds, making sure their heat was on. If you needed a spokesperson, she was at every fundraiser. She was in Annapolis because someone had to represent the [HIV-positive] population. She's the most dedicated person I've ever known."

AIDS Action Baltimore's Lynda Dee calls Alexander "an angel of mercy": "She's part of the glue that held the clinic together and sustained it over the years."

Lynda Ames was president of Lifesongs in 1996, when Alexander won the group's Humanitarian of the Year Award. "She's been on every major committee in this city pertaining to the epidemic but she shies away from publicity and just quietly trudges through the muck," Ames says. "She served four years as the Chair of the Health Services Committee, on the Ryan White Care Act Title I, and on the Greater Baltimore Planning Council, but she'll never mention it."

"Carla in many respects has really defined community-based AIDS care as we know it in this town and in the region," says Chase Brexton Executive Director David Shippee, who describes the level and style of care at the clinic as "Carla's trademark."

Recognizing the emotional toll AIDS work takes on the clinic staff, Alexander started the monthly bereavement service. She helped advance patients' rights to good home care instead of the hospitalization. Alexander insisted on home care rounds,

having home care nurses meet at Chase Brexton with the rest of their patients' health care team to report on their progress and decide on their care. She also demonstrated great strength in integrating mental health care with patients' primary care.

Hilton marvels at Alexander's ability to evoke generosity. "She found money for medications, to pay for burials, to buy thermometers," Hilton says. "When she called, no one ever ran in the other direction."

Alexander's dedication motivated staff around her. For six months in 1990, the Chase Brexton staff (volunteers and up to nine employees—most part-time) kept the clinic running without an executive director.

"It used to be pretty much everyone who worked here was a volunteer," remembers Alexander. "Volunteers still run the desk at the evening clinic and provide a lot of nursing help."

"All the clinicians that worked in the evenings were there as volunteers," Hilton begins. "There are a couple other folks in town that went to AIDS Action. They did it for Carla. She toughened us all. You always felt that if Carla can do it maybe we can. 'Don't let Carla know you're tired.'"

"I joined the board because of her," says Elliott Brager. "I raised money for over 10 years for the GLCCB, and 1990 was my last hurrah—it was time for someone else to do that." It was Alexander's personal request that led to his joining the Chase Brexton board, a relationship now six years old. "When Carla says she needs it, you give it. It's absolutely necessary," Brager says.

"I must be crazy to want to start all over again," Alexander chuckles through tears.

But it's probably not a total farewell for Chase Brexton and Alexander.

For one thing, the University of Maryland hopes to gain clout among Baltimore's HIV services with her on their team. Conner notes that Chase Brexton, Johns Hopkins, the University of Maryland, and community-based providers are forming exclusive alliances in response to Medicare reform. "We hope that with someone like Dr. Alexander we'll bring together the providers more than they currently are so that we're all figuring out how to approach HIV services in Baltimore jointly."

And after so many years of dedication, how could she leave entirely? Indeed, Alexander will continue to see her patients at Chase Brexton one night a week.

Dec 1997 ALTERNATIVE

M D R O U

Radio Station Raises \$77,000 for Chase Brexton

Chase Brexton received last month what may have been the largest charitable monetary donation ever given by a radio station, according to Steve Hartman, marketing director for 98 Rock.

On November 20, the station presented a check for \$77,000 to Chase Brexton Health Services Inc., all the proceeds beyond the cost of production from the sale of the premiere CD of 98 Rock's Morning Show with Kirk. Mark and Lopez, Hartman said. The presentation of the check took place at the Hard Rock Cafe in the Inner Harbor and was followed by a media reception.

The funds will go specifically to the Tony Gover Memorial Fund, which supports Chase Brexton's on-site pharmacy. Tony Gover, who died three years ago from AIDS, was Steve Hartman's partner.

Martin Conover, development director for Chase Brexton, said he was amazed by the donation. The audience for 98 Rock is "not traditionally among our strong supporters," Conover said. Compared to the amount of time it takes to get businesses to donate a few thousand dollars, this donation just "dropped in our lap," Conover said.

Chase Brexton provides HIV primary medical services as well as general primary medical care and mental health services to the gay and lesbian community.

Dec 1997
The Towerlight

NEWS

Towson does its share to observe World AIDS Day

Ron Snyder
The Towerlight

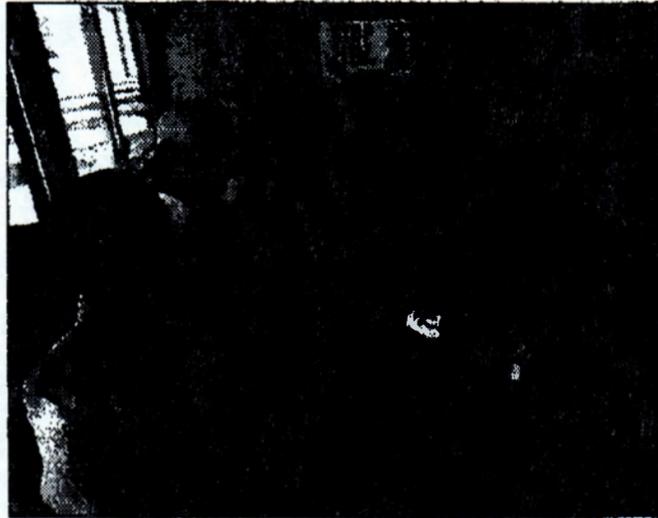
All around the world, people got together on Dec. 1 for the observance of World AIDS Day. This is the ninth year of the event, which began in 1988.

Today more than ever, HIV/AIDS has become a major problem for young people. One in four new HIV infections occurs in people under the age of 22 and one half of new cases occur in people under 25.

Much of this increase in HIV cases can be traced to the greater number of teenagers having sex. Today, 56 percent of women and 73 percent of men say they have had sex by age 18. This is compared with 35 percent of women and 55 percent of men in 1968. Of those teenagers, 25 percent of sexually active high school students reported they used alcohol or drugs the last time they had sex.

This increase in sexual activity comes at a time when the percentage of American youths taught about HIV in schools is up 59 percent since 1988. During the same time span, however, condom use is only up 17 percent.

Towson is trying to do its part in informing the student body about the dangers of HIV/AIDS. The University had an information display on Monday in the Chesapeake Rooms at the University Union. Representatives from numerous health organizations were present, informational videos were



Sam Friedman/The Towerlight

Program director Betty Hollingsworth (second from right), along with many volunteers, helped TU become more aware of AIDS.

shown and a guest speaker came to discuss losing a relative to AIDS.

"Towson is on the ball in dealing with the AIDS issue. They are not pretending there isn't a problem and are doing something about it," said program director Betty Hollingsworth.

Although more youths today know the dangers of AIDS than ever before, there are still some myths that need to be dispelled.

"People today see stars like Magic Johnson who seem perfectly healthy and they hear about all the new miracle drugs that can prolong people's lives and they feel if they get the disease nothing will happen to them. And that just isn't true," said Caroline Bresee from Chase Brexton, a non profit organization which provides mental and health services to poor people with HIV/AIDS.

Also trying to inform today's youth about the dangers of AIDS is Terry Livesey. Her husband, Vin, died of AIDS in 1994. They had a daughter together. Both Terry and their daughter Erin have tested negative.

"My reason for speaking here is because people relate to real stories more than ads on TV. . . Today's college students need to know they are not invincible," Livesey said.

For those on campus who feel they need to be tested for HIV or, need counseling, it is available free of charge at the Dowell Health Center. It is anonymous and all you need to do is call and make an appointment. You do not have to leave your name. You can obtain more information by calling the Dowell Health Center at X2466.

HIV/AIDS nursing is now more about life than death

By Nancy H. Eason, MS, RN
Contributing Writer

Many nurses involved in HIV/AIDS care have witnessed the evolution from "The Big Fear," or the AIDS epidemic, which centered on death and dying in the 1980s, to working with HIV-infected people who are learning to live with a chronic disease. As a result, dimensions of nursing practice for HIV/AIDS care have expanded to include a professional organization, The Association of Nurses in AIDS Care (ANAC)

located in Reston, Va., and specialty certification for registered nurses with the credential ACRN (AIDS Certified Registered Nurse).

In large measure, Heidi Werbel, BSN, RN, Rosemary J. Delaney, MPH, BSN, RN, and Nioca P. Osbourne, RN, were attracted to working with HIV-infected individuals because it was so new in the '80s and capitalized on their interests in social and women's health issues. When they look back to the begin-

ning of their involvement with AIDS care, they marvel at the pervasive anxieties of the time.

Osbourne, currently a case worker with Greater Baltimore Medical Center's Community and Family Health Center, was a new graduate in Barbados in 1984. "The mortality rate was so high; it was kind of frightening then," says Osbourne. Werbel, now a clinical staff nurse with Chase-Brexton Health Services in Baltimore, had completed a bachelor's degree in social science field studies at the University of California at Berkeley and worked with a traveling theater company that specialized in AIDS education. Delaney, a research nurse coordinator with The Institute for Human Virology of the University of Maryland Medical System, was working at Memorial Sloan-Kettering Hospital in New York in the early 1980s. "I was there when some of the first

AIDS patients came in," says Delaney. "It was kind of scary at first; I sometimes wonder why I was so scared."

"So much about being a nurse [in HIV/AIDS care] is about being supportive and non-judgmental," says Werbel. Fears, reservations and stereotypes have to be put aside to work as a nurse with HIV-infected people, says Werbel. "This is a disease in which there are so many other issues attached to it. It is so encompassing, and so many other people are affected by this."

At Chase-Brexton Health Services, a non-profit community-based comprehensive clinic, Werbel performs telephone triage and clinic duties for many HIV-infected clients. Werbel moved to Baltimore to attend the Johns Hopkins School of Nursing because she wanted a

Continued on p. 34

Nursing

Continued from p. 31

program with a strong emphasis on community work. After graduation, she worked on a medical-surgical oncology floor for one year at Mercy Hospital.

"I learned a lot about how to work with a person with a terminal illness," says Werbel. "I learned how very supportive, caring and nurturing nurses need to be. But I still wanted to do community work." She is able to focus on the community health at CBHS saying, "Coordinating services really is a huge part of what we do here." Symptoms management is a primary function requiring the nurses to be dynamos in extrapolating information.

Patient education — especially focused on medications — is a major role for nurses involved in HIV/AIDS care. Werbel, Delaney and Osbourne all stress the major impact of medications on the quality of life for an HIV-infected person.

"Protease inhibitors are more complex and the teaching is more

in-depth," says Osbourne. There is a greater need to teach about precautions and interactions, even with common everyday food, says Osbourne.

Good assessment skills are essential, says Delaney. Changes in patients' status can happen rapidly, and there are so many different variations with HIV infection, such as with skin and respiratory infections. Osbourne, who provides case management to homeless people with HIV infection, substance abuse and general medical problems, stresses the importance of an expert knowledge of lab values and norms. This can be challenging because clients with HIV are more informed today.

A wide range of possibilities exists for gaining new knowledge about HIV/AIDS or updating skills. For instance, the Johns Hopkins AIDS Service has a web page listing conferences, resources and a selection titled "What's Hot," at <http://www.hopkins-aids.edu/>. The Maryland AIDS Professional Education Center offers courses for health professionals and can be reached at:

410-328-8639. ANAC can be contacted at 800-260-6780.

Taking a course on HIV testing and counseling is very beneficial for nurses who want to work closely with HIV/AIDS clients. "I have worked with people who have just found out within that hour that they are HIV positive," says Werbel. In addition, Werbel recommends volunteering for organizations such as HERO's Buddy Program. "It's a great way to gain insight about what this disease is all about and a great way to break down barriers," says Werbel.

The scope of HIV/AIDS nursing practice is constantly changing. A lot of the patients are staying healthy and living longer, says Delaney. "The quality of life of HIV-positive people has improved, and they look so healthy," says Osbourne.

"We're not dealing as much with death and dying as one or two years ago," says Werbel. While CBHS holds monthly memorial services, Werbel says, "This job is more about life than death; it is very life affirming and rewarding." •

PLAN TO ATTEND THIS OPEN HOUSE

Every
WOMAN'S
.....*Clinic*

AN EVENING WOMEN'S CLINIC

Open House - *Open To All Women* of the Community

Tuesday, February 10, 1998

5:00 to 8:00 pm

3rd Floor Clinic, Chase Brexton
Health Services, Inc.

Services Available

- General Primary Care
- GYN

See Our Facility, Meet Our
Staff and Providers

Refreshments Provided

All Are Welcome



Caring for the Gay/Lesbian/Bisexual
Community for 20 years

1001 Cathedral Street • Baltimore, MD 21201 • (410)-837-2050

City ranks No. 1 in syphilis

Rate of reported cases here triples since 1990; rise linked to drug use

Other cities' rates decline

Mayor calls outbreak public health crisis; HIV increase feared

By ROBERT GUY MATTHEWS
SUN STAFF

Persistent outbreaks of syphilis have given Baltimore the unwelcome distinction of being tops in the nation in the rate of reported cases of the sexually transmitted disease, according to the U.S. Centers for Disease Control and Prevention.

Unlike most cities around the country, which are reporting fewer cases of syphilis, the recently released statistics show that Baltimore more than tripled in 1996 its rate of reported cases in 1990.

City health officials say that the syphilis outbreak is linked to drug use.

"We think it is because of the crack-for-sex trade," said Elias Dorsey, the city's deputy health commissioner. Officials say the outbreak is concentrated in poorer neighborhoods and the average age of those infected in Baltimore is 35.

Mayor Kurt L. Schmoke said the outbreak has become a public health crisis. He said he will shift more money and resources to combat syphilis.

City health officials have asked the mayor to pay for more clinicians at health clinics to educate and treat people.

"We want to increase the hours in some clinics and hire more doctors," Dorsey said.

According to the government's statistics, Baltimore has nearly twice the rate of reported syphilis cases as the No. 2-ranked city, Memphis, Tenn. For every 100,000 people in Baltimore, health officials reported 80 cases of syphilis in 1996. Memphis' rate was 46 per 100,000.

Richard Dunning, director of the city's Bureau of Disease Control, said he expects the syphilis outbreak to increase the number of HIV cases in the city as well.

Syphilis results in lesions or open sores, which make it easier to transmit or catch the virus that causes AIDS.

"We are worried about the fallout of a [See *Syphilis*, 4B]

City is No. 1 in reported syphilis cases

[*Syphilis*, from Page 1B]

big increase of HIV infections because of this," Dunning said. As yet, Dunning said that the city hasn't seen a spike in reported cases of the human immunodeficiency virus.

"It is a little bit early," he said. "I think everybody is predicting that there will be some increase in HIV."

If caught early, syphilis can be easily treated with penicillin and cured. But people can catch syphilis again. If left untreated, syphilis can eventually damage vital organs such as the heart and brain.

The disease can also be passed from pregnant women to their children, who are at risk of suffering blindness and birth defects. Some of the babies can be still-born.

The CDC rankings sampled 64 U.S. cities with populations of more than 200,000.

The statistics show that overall most of those cities reported dramatic declines in syphilis cases since 1990.

In 1990, seven cities reported higher rates than what Baltimore, at No. 1, reports today. The most infected city in 1990 — Atlanta — reported a rate of 221.8 cases per 100,000 population. By 1996, Atlanta's reported rate had dropped to 35.3 cases per 100,000. Over the years, other cities, too, have cut their rates dramatically and now report less than half the number of cases of Baltimore, statistics show.

While not wanting to downplay the syphilis problem, city health officials said that Baltimore might be ranked No. 1 because of its increased efforts to track the disease.

Officials said that when someone tests positive for syphilis, clinicians search for past sexual partners of the person and test them for the disease.

"We go through this labor-intensive research like it was a health epidemic," Dorsey said. "Because of our successes, the city is made to look like we have a lot of that. I question why we should be ranked No. 1."

CENTRAL **STATION**

Supports these organizations:

Moveable Feast

AIDS Action Baltimore

AIRS

(AIDS Interfaith Residential Services)

Chase Brexton Health Services

1001 N. Charles Street

in historic Mount Vernon Baltimore, MD 21201

(410) 752-7133

All major credit cards accepted

Many people come through our doors....



which ones can we open for you?

During the past 20 years we've grown and so have our services to the community. Our services now include:

- Anonymous HIV Counseling & Testing
- General Primary Care
- HIV Case Management
- HIV Medical Services
- In-House Pharmacy
- Mental Health Services
- Nutrition Services
- Sexually Transmitted Disease Services
- Women's Health Services

So next time your booking that yearly exam, think of Chase Brexton for your general health and wellness needs. ...**Many Doors for Many People.**



1978-1998

Caring for the Gay/Lesbian/Bisexual
Community for 20 years

1001 Cathedral Street • Baltimore, MD 21201 • (410)-837-2050

The New Women's Health Clinic at Chase Brexton is Open for Business

By WINNIE McCROY
BGP Staff Writer

Chase Brexton Health Services on Feb. 10 announced the opening of the new Women's Health Clinic at an open house. The clinic will be open on Tuesday evenings from 5 p.m. to 8 p.m., and will cater to the needs of the women's community, regardless of sexual orientation or HIV status. Staffed primarily by women, the clinic will operate under a steering committee co-chaired by registered nurse Heidi Werbel and certified medical assistant and phlebotomy technician Dawn Thanner.

"It is important to have time set out for women," said Werbel, who recalls how similar efforts Chase Brexton has sponsored in the past fizzled out due to lack of revenue and enthusiasm. Thanner and Werbel, with the support of nurse practitioner Mary Skoglund and a number of other doctors, counselors, and case managers, are dedicated to sustaining this clinic for the long haul.

Services offered by the clinic range from gynecological care and sexually transmitted

disease testing to general primary care and nutrition counseling. The clinic will also provide seminars, support and educational groups, mental health services, and substance abuse and self esteem counseling, as well as child care if necessary.

"Women are the only ones who really understand other women's health needs," said Skoglund. She comes to the position with expertise and enthusiasm. While she has worked in various settings in her 23 years as a nurse practitioner, she admits that gynecology is her preference. In support of this, Skoglund cited her belief that the history of gynecological science has armed more than a few women with unpleasant memories of this health care. She hopes her approach will help change the face of this discipline. Special services, such as colposcopy and cervical biopsies, will be provided by weekly-alternating doctors Susan Dirks, a family practitioner; and Lilith Graham, a surgeon at Maryland General Hospital.

"A women's clinic can meet women's

special needs; issues that are ignored in general private practice," said Eve Cohen, a registered nurse who will alternate duty shifts with Werbel. In her two years at Chase Brexton, Cohen finds that what she enjoys most about her job is the holistic approach taken to meet not only the clients' physical needs, but their mental, emotional, and psychological needs as well. "As a nurse," added Cohen, "my job is to get patients all they need."

Werbel hopes the clinic will attract a diverse group of women representing all ethnic backgrounds, ages, classes, and sexual orientations. Boyd, the clinic's youth outreach coordinator, has already targeted university campuses to offer this service to college-age women, who are often both sexually active and lacking adequate health care.

"Our plan right now is to bring together as many women as we can to show what the clinic's all about," said Werbel. Attention has been given to meeting the specific needs of the lesbian community. "We don't make an assumption of what

women are, nor do we judge," stated Werbel and Cohen, who noted that the impetus behind the opening of the clinic was to offer a safe place for all women. Plans are being discussed about forming a support group for lesbian survivors of child sexual abuse.

The clinic will operate on a sliding fee scale, with an on-site SSI specialist who can assist with social security questions and applications. The clinic offers help accessing benefits, and no one will be denied care due to an inability to pay.

The Women's Health Clinic is funded through Ryan White CARE Act Title 1 funds.

Chase Brexton Health Services services include general primary medical care, HIV medical care, mental health service, addiction counseling, case management services, sexually transmitted disease service, and an in-house pharmacy.

For more information, call (410) 837-2050.

February 1998



Photo by Jim Burger

Heidi Werbel, BSN, RN of Chase Brexton Health Services performs telephone triage and clinic duties for many HIV-infected patients.

Where to Go for Care

BY MARIA HAMMONTREE
THE ALTERNATIVE

The first of two parts.

Historically, women have struggled for recognition of our medical needs and for the rights and resources to make our own choices about care. But times change, and now we're actually being courted by the health-care industry. Medical institutions have been collecting their women's services into separate centers. They've been talking about a new, integrated approach to wellness and healing. They've been trying to develop long-term relationships with the surrounding community.

Dan Collins, public relations officer for Mercy Medical Center, points out that developing women's services involves a serious commitment.

"If you want to anticipate the needs of women," he says, "you have to do more than put a floral print up and put out flowers. You can't just put aside old services and put a new face on it. You can't just open the doors and wait for people to come to you. You need to find a staff that really understands, and you need to create a service that really addresses their needs."

So, what's new in women's health care in Baltimore? This month and next, we review the various medical services in the area that focus specifically on women's health.

CENTERED IN THE GAY AND LESBIAN community, **Chase Brexton Health Services** last month began operating a Women's Health Clinic every Tuesday from 5 p.m. to 8 p.m. It is the only service in Baltimore staffed entirely by women—the physicians, nurses, nutritionists, receptionists and volunteers are all female.

But other than changing the staffing hours and refreshing the children's area with a playful animal mural, not much at Chase Brexton has changed. The evening clinic gives women dedicated time and access to nearly all the services the clinic already provides: treatment of simple to acute gynecological and medical problems, annual breast and pelvic exams, pap smears, colposcopy, educational seminars, support groups, nutrition counseling, and mental health services. Since the pharmacy is closed, doctors are well stocked with pharmacologic samples for their patients.

Dr. Susan Dirks, one of the two physicians working at the new clinic, points out: "Chase Brexton was already committed to providing this care. The cryogun, colposcopy and biopsy equipment were all purchased last fall without knowing whether or not the women's program would be launched. Fifty percent of the referrals would not go, so we found a way to provide good care in-house."

"When you compare our service to others in town, we're smaller," says Heidi Werbel, a nurse at the clinic. "That's advantageous to somebody that doesn't want to be nameless when they're going in for annual visits. You'll see the same provider every time. We're warmer, more personable, and provide many services under one roof."

Chase Brexton's Women's Health Clinic was re-established in response to a survey of clients and program participants; it was the dream of Catherine Carroll, a Chase Brexton nurse who left Baltimore shortly before the women's clinic opened. The program now is nurtured by Werbel and Dawn Thanner, the "flow manager."

"We found it does make a difference to women to know that they will be in an environment that's all women," Werbel said.

Chase Brexton's phone number is 410-837-2050.



PHOTO BY JOSEPH KOHL

Susan Dirks, Mary Skoglund, Heidi Werbel, and Dawn Thanner of Chase Brexton's Women's Clinic.

WITH A SIMILAR COMMITMENT, FOR more than six years Sinai Hospital has operated an all-women physicians' practice, covering gynecology, obstetrics, pediatrics, podiatry, plastic surgery, gastroenterology, internal medicine, psychiatry and more.

Sinai's **Women's Medical Care Center at Towson** bills itself as "the region's most comprehensive all-female, multispecialty practice located at one site." The center moved to Towson for facilities with smaller, more private waiting areas and more conference space. It offers seminars to women and each month provides a free health screening and a special mid-life program.

Ida Semet, associate vice president of Women's and Children's Services at Sinai Hospital, assured me that the service is gay-friendly, though she also acknowledges that none of the 30 staff and physicians is gay and the center has never directly targeted the gay community.

The phone number for Sinai's Women's Medical Care Center is 410-828-4430.

Next month, we'll look at the women's services provided by the University of Maryland, Mercy Medical Center, and the Greater Baltimore Medical Center.

A HISTORY OF CHOICE

The battle for women-oriented medical services is far from over, but it is worth reflecting on the what we have endured to get to where we are today.

The three-part documentary **FROM THE BACK ALLEYS TO THE SUPREME COURT AND BEYOND**, about the fight for women's right to control their health care, has received Emmy and Oscar nominations—and deservedly so. Through women's own stories, the film tells of how we have created our own resources to take care of each other and gain quality health care.

Since Maryland is one of the handful of states whose public television stations will not broadcast this outstanding film, NOW and Towson University's Women's Center will host a screening of it on **March 12** at 7 p.m. at Towson University's Cook Library. For details, call Baltimore NOW, 410-668-4399.

The screening also calls attention to the **National Day of Appreciation for Abortion Providers**, March 10; this is the fifth anniversary of the murder of Dr. David Gunn, who was the first of five physicians slain by extremists for providing abortion services.

— Maria Hammontree

INTERACTIVE



Chase Brexton Adds Web Page To Community Services

Site Gives Visitor's Info on Health Center

Chase Brexton Health Services Inc. has ventured online.

The Baltimore-based community health center early this month unveiled its new web page located at www.chasebrexton.org. With updates scheduled frequently, site visitors will be able to stay updated on Chase Brexton news, events and services.

The page was created and designed by **Pascal Versavel**, who resides in France. To complete his work, he communicated with Chase Brexton via e-mail.

Chase Brexton is a nonprofit, community-based health center in Baltimore City. Services provided include medical care, medical health services, case management needs and an on-site pharmacy.

■ PRO BONO

Meet Some of the Attorneys Even Lawyer-Bashers Would Love

Volunteers at Heart, Five Maryland Lawyers Chip Away at Profession's Bad Reputation

BY MARY E. MEDLAND

Special to The Daily Record

Ask Joe Q. Public on the street what he thinks about lawyers, and the answer probably won't be repeatable in polite company.

Ask the average attorney, and the response is likely to be downright brutal.

"Lawyers are seen as arrogant and abusive, self-serving and hypocritical," said one Baltimore attorney. "They are seen as abusing the system to achieve their own ends and, to some degree, abusing innocent people within the system. Many seem to believe that the rules apply to everyone else in the world — except those in the legal profession."

Harsh words, indeed. And it's understandable why the attorney requested anonymity.

However, even lawyers who speak "on the record" say the same thing.

"The reputation of attorneys is pretty wretched, and the miserable reputation the legal profession enjoys is largely a self-inflicted wound," said David L. Hankey, of Gohn, Hankey & Stichel.

Piper & Marbury's Hugh Marbury echoes Hankey.

"The public perception of attorneys is not good, and anything that can be done to improve that image is useful," added Marbury. "It's just as important to be a good citizen as it is to be a good attorney."

But, Assistant State's Attorney for Baltimore City Kathleen C. Murphy has a slightly different perspective.

"It's just as important to be a good citizen as it is to be a good attorney."

Hugh Marbury

"I hear all the lawyer jokes, and I agree that there is a general perception that lawyers are self-serving and greedy," she said. "But the people I come in contact with on a daily basis, for the most part, seem to have respect for the attorneys they are working with. While the negative perception of lawyers persists, I'm sometimes surprised by the positive response we do get."

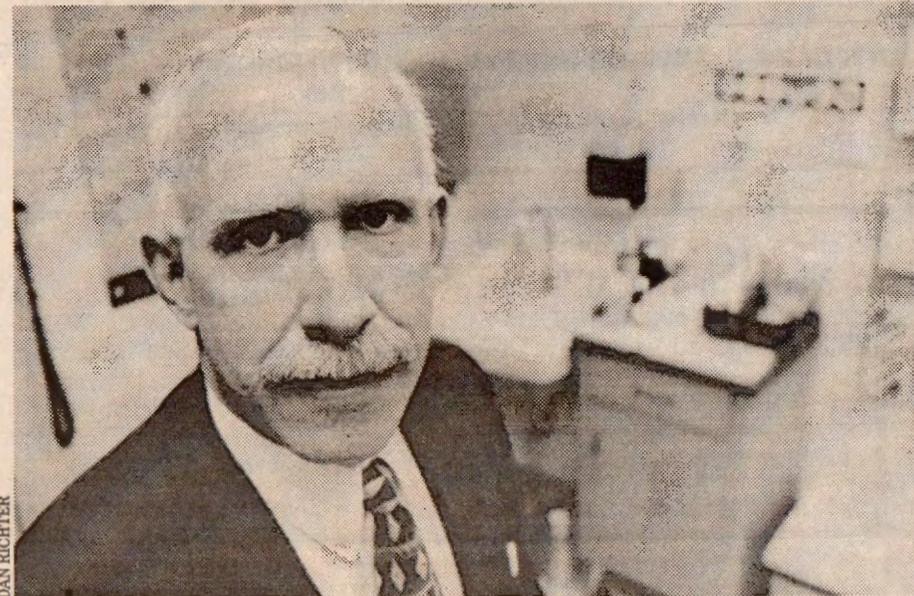
Nevertheless, to many attorney-bashers, it may come as something of a surprise to find lawyers volunteering their time and energies for a host of organizations and causes — often with little reflected glory and frequently with great frustrations. And while many may be called upon to give an occasional legal opinion to a nonprofit organization, much of the volunteer work being done by attorneys is not of a legal nature.

That's not surprising since any possible conflicts of interest thus can be avoided. Also not surprising is that much of the volunteer work attorneys engage in is with causes that have a direct impact upon either their personal or professional lives.

A time to give

Kathleen C. Murphy sees, virtually every day, the correlation between illiteracy and learning disabilities — and juvenile delinquency and truancy.

Since 1996, she has worked as a tutor for the Partnership for Learning (PFL), a nonprofit organization associated with



DAN RICHTER

When he's not practicing law, Baltimore attorney David L. Hankey volunteers behind the scenes at the Chase Brexton Health Services Inc. — a community-based health organization that provides a variety of health care and social services assistance to the gay and lesbian community.

the juvenile courts and initiated by the State's Attorneys Office. The program works with first-time, nonviolent juvenile offenders, such as truants and those involved in malicious property destruction.

"The PFL program is appealing because you are able to work with a student at the front of the line, rather than after something serious has happened," said Murphy, explaining that children in the program can have their cases postponed for six to nine months while they complete 60 hours of tutoring. The program requires that they not incur any new charges and attend school regularly; prior to beginning the program, students are tested to determine exactly what their literacy level is.

Unlike Murphy, Hankey focuses his volunteer efforts on an organization,

rather than individuals.

For the past year and a half, Hankey has been chairman of the board of directors of the Chase Brexton Health Services Inc. — a community-based health organization (or small community health care provider) that provides medical, mental health care and social services assistance to the gay and lesbian community and to persons living with HIV.

He came to the board largely because he was an alumnus of the Greater Baltimore Committee's leadership program.

"I learned a great deal, made friends, and the program gave me the tools to be effective in a nonprofit environment," he said.

Much of Hankey's work has had, by necessity, to focus on creating a board skilled in running a rapidly growing and

SEE VOLUNTEERS PAGE 4C


LEGAL MUTUAL
Liability Insurance Society of Maryland
**MSBA Endorsed Lawyers
Professional Liability Insurance
1-800-638-8947**

Look for our booth at the Montgomery County Bar Association Law Day Celebration on Friday, May 8.

 Coming Soon: <http://www.legalmutual.com>

The Maryland Legal Services Corporation wishes to thank Maryland attorneys and financial institutions participating in our state's Interest On Lawyer Trust Accounts (IOLTA) program to help provide civil legal assistance to Maryland's low-income citizens.

KANG & F
...Immediate Response with Extraordinary Solutions

Are you turning away estate administration services???

Our Estate Administration Division assists attorneys in preparing.....

- Federal and Maryland estate tax returns
- Court filings
- Post-mortem estate and income tax planning
- Advice on required distributions from IRA's and qualified retirement plans

Call Sharon D'Ambrogi

Volunteers

Continued from page 3C

expanding organization.

"As new AIDS treatments extended the lives of many of Chase Brexton's clients, there were more resources to develop the organization," said Hankey, who oversaw the first Chase Brexton annual report. "At first, something like an annual report was simply not a priority, there were too many issues that were far more pressing."

Much of his work is dedicated to making sure that the board committees, which include development/fundraising, strategic planning, finance and personnel, work efficiently and actively, and understand their charters.

"Now there's more institutional maintenance and development — insuring that committees are running properly, reporting to the board on a monthly basis and exercising financial oversight, although I've no involvement in the day-to-day running of Chase Brexton," Hankey said.

He added it's hard to determine if his Chase Brexton work has had any beneficial effect on his practice.

"It's difficult to practice law in Baltimore and not have some dealings with the health care profession, but in terms of really bringing in business, it's hard to say," he said. "But having recently left a suburban corporate environment and established a Baltimore City practice, I've met more Baltimore business and legal people faster because of the Chase Brexton connection than I would have otherwise."

Also sitting on a board of directors, although a very different one from Chase Brexton's, is Quincey Johnson, a Mt. Wash-

Methodist Church in Baltimore City," he said. "It was an 'accompaniment' — standing with the people in their poverty and oppression.

"We met people whose children had been killed by the [U.S.-supported] Contras and talked about the Gospel," he said.

Burns returned to Nicaragua in 1995 — bringing along his wife and three children. He also brought medicine, mainly children's Tylenol.

"We asked what medication was needed most, and the immediate answer was Tylenol," he noted. "Nicaragua is very much a Third World country where children die from fevers that can't be controlled."

Burns, and Casa Baltimore, also have worked to help the people of St. Juan de Limay — a ranching village of perhaps 4,000 to 5,000 people, where the main



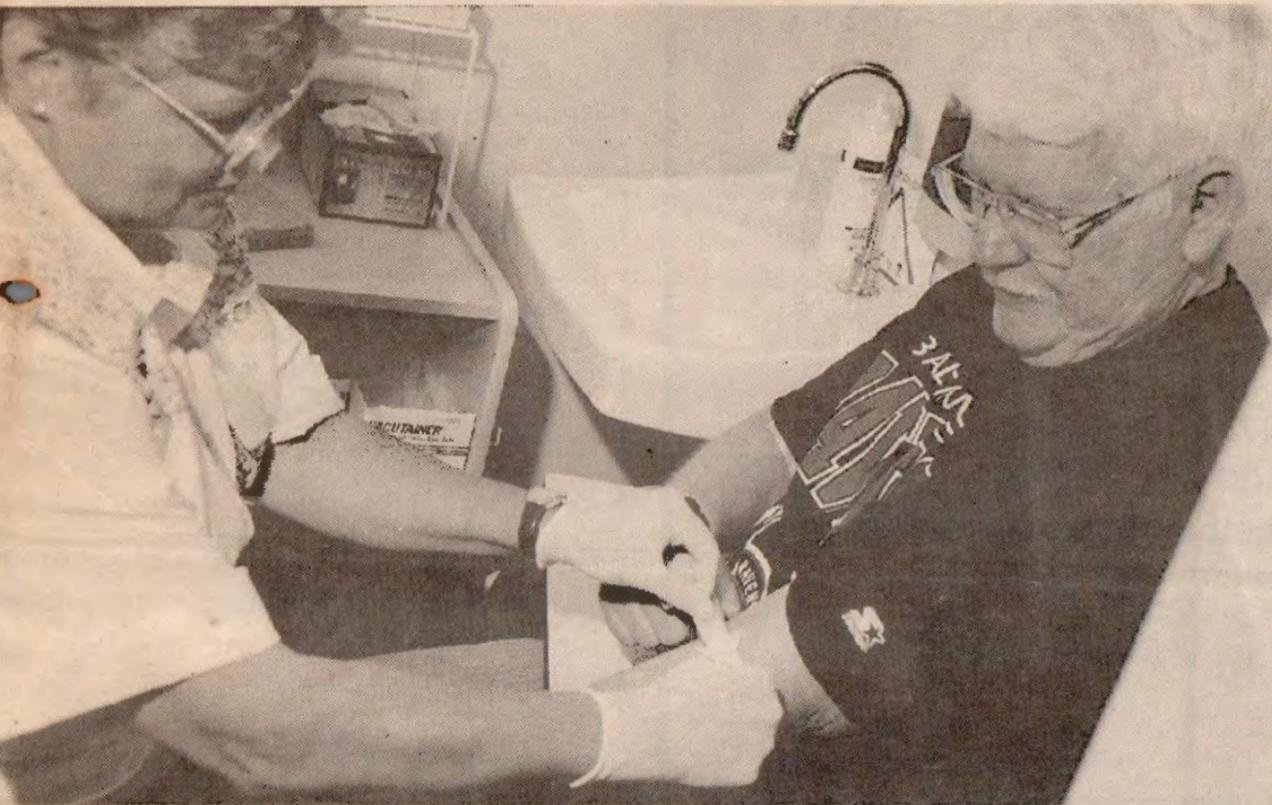
Sole practitioner Harold H. Burns makes time to serve as chair of St. Vincent de Paul Church's Justice and Peace Committee. He finds that his training as a lawyer comes in handy. "I'm an attorney, and everything I do is done as an attorney," he said. "I'm also very tenacious."

mode of transportation is the horse — establish a day-care center and a revolving loan fund for the most disadvantaged.

"We now are starting to support environmental education to stop deforestation and to support sustainable agriculture," he said.

In addition to his peace work, Burns is also a member of his local Selective Service System board. "I'm not a pacifist, and if we ever have to mobilize, I want to

National HIV Testing Day at Chase Brexton



More than 70 people gathered at Chase Brexton Health Services on Saturday, June 27, for the National HIV Testing Day. From 11:00 a.m. to 4 p.m., CBHS offered free HIV testing. When looking at the rates of incidence of AIDS, Baltimore is ranked 9th in terms of U.S. cities with populations over 500,000. Photo By John Davis, Jr

9/28/99

Glendening promises funding for new AIDS programs

State will help patients get latest treatments, governor says at clinic

By MICHAEL DRESSER
SUN STAFF

Gov. Parris N. Glendening pledged yesterday to provide the money to cover any additional costs to the state's AIDS treatment programs resulting from development of the next generation of drugs to fight the disease.

The governor's promise came during a Sunday afternoon visit to a Baltimore health clinic that specializes in the treatment of acquired immune deficiency syn-

drome.

"That's what compassion is," Glendening said. "That's what a civil society is all about."

The governor's pledge follows his decision this year to provide an extra \$500,000 to cover the unanticipated costs of an earlier generation of improved AIDS drugs. Those medications, which have dramatically cut the mortality rate of people with human immunodeficiency virus (HIV) infections, strained the state's budget for AIDS treatment because the new drugs were significantly more expensive than first-generation AIDS drugs such as AZT.

Glendening spoke before a supportive gathering of AIDS advocates, gay and lesbian activists and others at the 20th anniversary

celebration of Chase-Brexton Health Services Inc., a community clinic in the 1000 block of Cathedral St.

The governor, who is locked in a tough re-election battle with Republican Ellen R. Sauerbrey, told the clinic's supporters that his policies on AIDS would be guided by "common sense and compassion." He cited Baltimore's controversial needle-exchange program for drug abusers as an example of his administration's AIDS initiatives.

Glendening, who told the group that three close friends and one of his brothers had died of AIDS, also promised to fight discrimination against people who are infected with HIV.

"It's so bizarre and unfair. We

would not discriminate against a person who has cancer," he said.

David H. Shippee, the clinic's executive director, said Glendening was the first U.S. governor to commit to covering the cost of new AIDS drugs.

"It was a big step for state government," said Shippee.

Anne Hubbard, a spokeswoman for Sauerbrey's campaign, said she saw no conflict between the governor's pledge and her candidate's position on AIDS issues.

"It's not something she would automatically reject," said Hubbard.

She said Sauerbrey supports full funding of the Maryland Drug Assistance Program, which helps cover the costs of AIDS treatment for patients who can't afford it.

CHASE BREXTON HEALTH SERVICES 20th Anniversary Weekend

OUR COMMUNITY OUR CELEBRATION



"Hope Lives Here",
an original work of art
by **Tom Miller** was
created to celebrate
Chase Brexton's 20th
Anniversary. Copies on
sale for \$20 (signed)
and \$15 (unsigned).

CONTEMPORARY ART RECEPTION

Saturday, September 26, 1998, 4 pm - 7 pm
Tickets: \$75 per person
Wine and Hois d'oeuvres

RETRO DANCE PARTY

The Preston Room
Preston Street and Maryland Avenue
Saturday, September 26, 1998, 9 pm - 1 am
Tickets: \$35 per person
Lite Fare and Cocktails

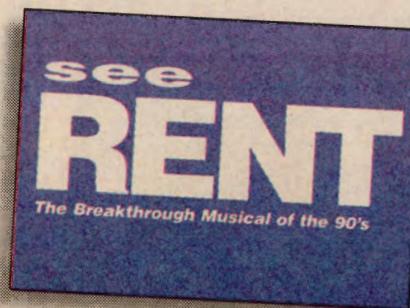
OPEN HOUSE

Chase Brexton Health Services, Inc.
1001 Cathedral Street
Sunday, September 27, 1998, 11 am - 2 pm
Lite Brunch Fare

FOR ALL TICKETS CALL: 410-545-4481, ext. 216

20th Anniversary Sponsors:

- | | |
|-----------------------|---------------------------------|
| BGE | Comprehensive Car Care |
| Baltimore Alternative | Corporate Coverage, LLC |
| Baltimore Gay Paper | First National Bank of Maryland |
| The Baltimore Sun | Glaxo Wellcome |
| Bristol-Meyers Squibb | Johns Hopkins Health Systems |
| BTG Pharmaceuticals | LabCorp |
| City Paper | Ortho Biotech |



Coming in October...

A select group of Orchestra
and Dress Circle Seats
Friday, October 23, 1998, 8:00 pm
Morris A. Mechanic Theatre
Tickets: \$100
(Includes post performance reception at The Mechanic Theatre)
Proceeds to benefit
CHASE BREXTON HEALTH SERVICES, INC.
AIDS Interfaith Residential Services

Coming in October issue

BALTO
Alternative

a special Commemorative Supplement in tribute to
CHASE BREXTON HEALTH SERVICES
on the occasion of their 20th Anniversary

Features will include:

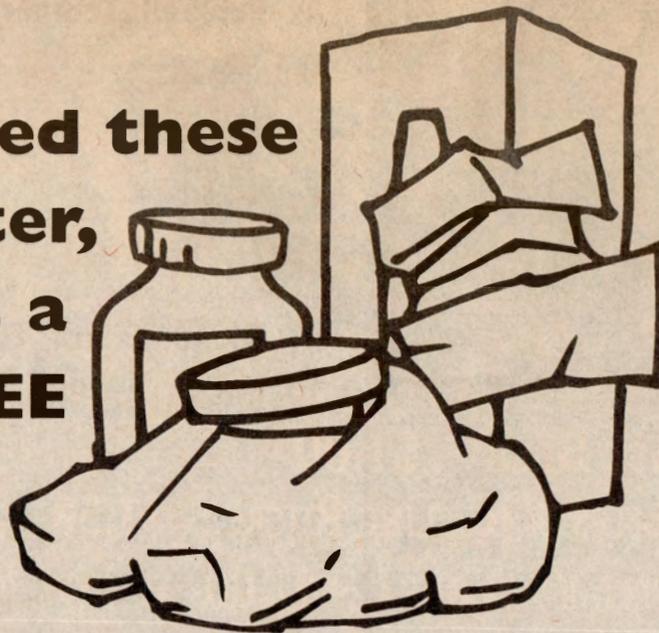
- **A History of this community-based clinic**
- **Details on the many services offered:**
 - + **General Primary Care**
 - + **HIV Medical Care**
 - + **HIV Counseling & Testing**
 - + **Women's Health Care**
 - + **Mental Health Services**

Participating in this souvenir resource guide will be many companies and friends who help make possible the essential work being done by Chase Brexton.

Should you or your company want to be represented in this Supplement please call 410-235-3401 by Sept. 18



**don't need these
this winter,
get a
FREE
flu shot**



The Nursing Staff of Chase Brexton Health Services
is proud to offer free flu shots to the community.



1001 Cathedral Street | Baltimore, Maryland 21201 | 410.837.2050

Chase Brexton Health Services Your Wellness Is Our Concern

Free Flu Shot Schedule

Allegro

1101 Cathedral St. Saturday, 10/10 10pm-Midnight

Central Station

1001 Charles St. Sunday, 10/18 5pm-7pm

Club Mardi Gras

228 Park Ave. Saturday, 10/17 4pm-8pm

The Eagle

2022 N. Charles St. Saturday, 10/17 9pm-11pm

Gallery One

1735 Maryland Ave. Saturday, 10/24 5pm-7pm

Hippo

One West Eager Friday, 10/9 9pm-11pm

Port in a Storm

4330 E. Lombard Saturday, 10/17 10pm-Midnight

Stagecoach

1003 N. Charles St. Sunday, 10/18 7pm-9pm

Thank You for Bar Wars IV Support

EDITOR:

I would like to take this time to say thank you to everyone who attended BAR WARS IV, and to personally say thank you to Mount Vernon stables, the Hippo, Baltimore Eagle, Stagecoach and Gampy's. With their help and everyone who gave money, we raised \$710 for Chase Brexton Health Services. It was truly a fun night. It touched me how fast the money came in—it started with a \$20 donation from Gary Keene's make-up artist Greg and it snowballed from there. With the help of Kevin Colton and Greg Collins we could not keep

up with the money coming in, and it was wonderful to see everyone bring us money. Again I would like to say thank you from the bottom of my heart. I would also like to thank Chuck Bowers for letting me use the Hippo to raise money for Chase Brexton and to Martin Conover from Chase Brexton for all his kind words. Finally I would like to thank Tyler Tomes and Shawna Alexander for helping out in a pinch. Thanks guys.

ROGER DIMICK
Baltimore

BGP, December 6, 1998